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ABSTRACT

The purpose of the West Virginia Special Needs Project was to learn more about how to work effectively with low-income, rural, nonfarm groups. Three test communities without previcus experience with Extension activities were selected. These test communities were surveyed to provide information about the communities and their residents that could be used for subsequent program planning. Information was collected in the following areas: locational characteristics of the communities, population structure by sex and age, educational attainment, employment, income, and existence of community in the 3 areas. Programs in early childhood education, health, recreation, and community development were introduced. The major conclusion of this evaluation study was that the project was successful to the extent that it demonstrated that organizational structures can be created, new services delivered, and educational work can be carried on by Extension in low-income rural communities. Some guidelines for future programs were suggested. Examples of interview schedules and suggested activities were presented in the appendixes. (PS)

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APPROACHES TO UNIVERSITY EXTENSION WORK WITH THE RURAL DISADVANTAGED:

Description And Analysis Of A Pilot Effort

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PREFACE

In 1964, West Virginia University's Center for Appalachian Studies and Development began a five year pilot project to explore techniques for working with disadvantaged families in rural areas. The principal goal of the project was the development of new and modified university extension programs aimed at providing educational experiences for rural, low-income, nonfarm families. It was the hope of those responsible for the project that through experience with new approaches to educational work with the disadvantaged, the capability of university extension to contribute to the improvement of the quality of living among the rural poor would be increased significantly.

As the term "quality of living" implies, the concern was to develop ways of contributing to the welfare of the disadvantaged in a broader than economic sense. Although a major focus was the need to help alleviate economic poverty, efforts were guided as well by concern with ways of life which, exclusive of economic factors, seemed to blunt the potentiality for fullest human development among the residents of low-income rural communities.

The climate of national concern with the problems of poverty which existed in the early 1960's and continued throughout much of the decade was apparently a factor of considerable influence in the development of the project. The existence of poverty in Appalachia, and in West Virginia in particular, had received national attention during John F. Kennedy's 1960 presidential primary campaign, and the beginnings of an area redevelopment approach to Appalachia's problems had already been launched by the time the project was started. It was, thus, both timely and appropriate that the Center for Appalachian Studies and Development should have been concerned with developing the potential of university extension to deal with poverty.

The nature of the governmental programs emerging in the 1960's to combat poverty was also of apparent influence in the philosophy and design of the West Virginia pilot project. Some of these programs, such as the Appalachian Regional Commission's, were developed to assist regions; some, such as the Office of Economic Opportunity's Community Action Program, were built around community change; and others, such as in education, training, and retraining, were designed to assist individuals.

The full range of these programs was aimed to effect changes in individuals, the institutions which existed to serve them, and the structure of opportunities available in the economy. However, the major thrust seemed to emphasize clearly the necessity of facilitating

changes in disadvantaged people so that they might make more adequate adaptations to the demands of the social and economic system.

Thus, programming to combat poverty at the time this project was initiated seemed to center on an educational strategy rather than on a strategy stressing job creation or other major *system* changes. The West Virginia project was consistent with the dominant educational emphasis of the time. As it evolved, it came to emphasize ways of helping to initiate positive changes in disadvantaged individuals.

Financial support for the project was furnished by the Federal Extension Service of the U.S. Department of Agriculture under the terms of a "special needs" grant. A substantial contribution of resources to the project was also made by the Center for Appalachian Studies and Development. By design, the amount of financial support made available was held to a minimum, so that if the project proved to be successful it could be easily adapted to similar communities in West Virginia and other states and could become an integral part of Extension's role.

The present volume, a description and evaluation of the West Virginia pilot project, is an outgrowth of an evaluation study conducted by the Social and Behavioral Research Program, Office of Research and Development, Appalachian Center, West Virginia University. As a record of the experiences of the project, it is focused on the problems and shortcomings of the project as well as its accomplishments.

The evaluation effort itself was begun in the fall of 1968 when the project was in its fifth and final year. An evaluation not integral with a project from the beginning necessarily faces limitations, in that data which should have been collected will not exist and cannot be collected after the fact. This study is no exception. However, the administrators of the pilot project were aware from the beginning of the need to preserve a record of project experience, so special efforts were made to maintain a comprehensive staff reporting procedure. Thus, complete access to data from several project surveys, project records, and periodic and annual reports, along with the cooperation of the project staff in submitting to in-depth interviews, provided a sustantial resource of information. At the same time, limitations which the evaluation team faced by not being involved in the project from the beginning may have been offset somewhat by an objectivity which would have been more difficult to achieve if the evaluation team had been more closely identified with the project staff.

It is the aim of this volume to provide a basis of information upon which university extension and other organizations and programs concerned with rural problems might build in their attempts to further develop effective approaches to assistance of the

rural disadvantaged. In this effort, the authors (who served as the evaluation team) felt it necessary to include not only a description and assessment of the project as designed, but also a critical discussion of the strengths and limitations of the project's strategy, as compared to other possible strategies, for providing assistance to the disadvantaged.

Chapters One and Two present the background of the project; Chapters Three through Six describe the project's major components; Chapter Seven analyzes the achievements and problems of the project as it was designed; and Chapters Eight and Nine explore in a more general way strategies for work with the rural poor and guidelines for future programs.

Many people helped to make this study possible. Dean B. L. Coffindaffer and Associate Dean Ronald L. Stump of the Appalachian Center gave full support to the evaluation, as did Dr. Raymond Scott of the Federal Extension Service. Vice President Ernest J. Nesius of West Virginia University, instrumental in initiating the project, helped in a variety of ways. Beatrice A. Judkins, Program Leader, Home Economics, Federal Extension Service, cooperated with the authors throughout the evaluation study.

The authors are especially grateful to the following former and present staff members of West Virginia University who assisted with the project evaluation: Paul A. Allen, Dr. Ernest W. Chick, Louise Crawford, John M. Curry, Wylene P. Dial, Galetea Ewing, Mildred E. Fizer, Virginia R. Griffin, Gertrude Humphreys, Dr. Marilyn A. Jarvis-Eckert, Bruce M. John, William P. Johnston, Julia H. Lowery, Marie Nesius, Mary V. Pullen, Helen P. Quarrick, Dr. Richard H. Slavin, and Thomas E. Woodall.

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Finally, the authors are most indebted to the residents of "Eastridge," "Valley's End", and "Campville", because it is through them that the authors and the project staff gained the insights necessary to produce this evaluation study.

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May 1971

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CHAPTER ONE

Background, Aims, And Methods Of The Project

Introduction

One of the major characteristics of the attention focused on poverty in the United States in the early 1960's was the greater emphasis given to urban rather than rural problems. It is not surpising that urban poverty was the chief concern. Although the existence of serious poverty in rural regions such as Appalachia was recognized, the crisis proportions of urban problems, associated especially with the poverty of the black ghetto, posed a greater threat to the stability of society. It seems logical, therefore, that at the time, the thrust of emerging federal anti-poverty programs (such as those authorized under the Economic Opportunity Act of 1964) was directed toward eradicating poverty in urban areas.[1]

Yet, even though the design and emphasis of federal programs were primarily urban in nature, the incidence of poverty was proportionately higher in rural areas. The President's Commission on Rural Poverty described the condition in the following way:

> It may surprise most Americans to know that there is more poverty in rural America, proportionately, than in our cities. In metropolitan areas, one person in eight is poor, and in the suburbs the ratio is one in 15. But in rural areas one of every four is poor. All the rural poor do not live on farms . . . most live in small towns and villages. Only one in four of these rural families lives on a farm.[2]

Moreover, the programs which were not urban in focus dealt inadequately with rural poverty, in large part because comparatively little was known about the nature and specific problems of the rural poor — including how best to relate to them within a program context. This problem was particularly severe in large rural regions such as Appalachia, which have a long history of unemployment and poverty in addition to cultural characteristics which are apparently somewhat different from those of the larger society.[3]

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[1]See, for example, Peter Marris and Martin Rein, *Dilemmas of Social Reform* (New York: Atherton Press, 1967), for an analysis of the concerns which led especially to the community action component of the Economic Opportunity Act of 1964.

[2]United States National Advisory Commission on Rural Poverty, *The People Left Behind, A Report* (Washington, D.C.: U.S. Government Printing Office, 1967), p. 3.

[3]For an analysis of this see Thomas R. Ford, ed. *The Southern Appalachian Region* (Lexington: University of Kentucky Press, 1962).

It was against this backdrop of need for the development of means to assist the rural disadvantaged that in 1964 West Virginia University's Appalachian Center began a long-term effort to test ways of applying university extension programs to the problems of the people of three low-income rural West Virginia hollow communities.[4] The intent was to learn more about people living in low-income, rural, nonfarm communities, as well as to test anti-poverty programs conducted by an agency not specifically created to administer such programs.

Major responsibility for the project was lodged within the program structure of the Cooperative Extension Service of West Virginia University. This Service, which functions as an integral part of the University's Appalachian Center, received special support for its effort from the Federal Extension Service of the U.S. Department of Agriculture.

The problem of rural poverty constituted a special challenge to Cooperative Extension. The success of Extension in helping to raise the quality and productivity of life in rural America is well documented and widely recognized.[5] Under its umbrella of federal, state and local cooperation, Extension had effectively employed a special blend of problem-oriented research and informal adult education to solve a wide range of practical problems associated primarily with agricultural production, but also including the development of the human potential of rural areas. Yet, despite the success of Extension, rural poverty has remained a problem that resists solution. The rural nonfarm and marginal farm populations in particular continue to experience economic and cultural deprivation, notwithstanding the increased prosperity associated with farming.

Could Cooperative Extension more effectively utilize its network of county offices and professional adult educators in an attack on rural poverty? The potential seemed great for Extension to be effective in such a thrust.

The Extension organization is comprised of a professional staff of considerable size, most of which is physically located in field offices in the counties of every state. Most of these counties throughout the country, and especially in a region such as Appalachia, are predominantly rural, and many have poverty problems. The staff has

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[4]The project was first conceived by a committee appointed by Dr. Ernest J. Nesius, Vice President of West Virginia University and head of the University's Appalachian Center at the time. The committee included Dr. Richard Slavin, of the Appalachian Center, and Miss Gertrude Humphreys and Mr. C. P. Dorsey, State extension leaders of home economics and youth programs respectively. The project proposal itself was prepared by Dr. Slavin and Mr. Bruce John, a West Virginia University rural sociologist.

[5]Marion Clawson, *Policy Directions for U.S. Agriculture*, (Baltimore: The Johns Hopkins Press, 1968), pp. 163, 205.

for the most part a rural orientation, is trained to work with rural people on subject matter of rural concern, and is intimately familiar with the social, economic, and physical characteristics of the counties which are its responsibility. In addition, the organization can call upon the research and conceptual skills of its university-based staff and possesses the potential of incorporating into its efforts the broad range of knowledge which exists within the total university.

To a great extent the challenge to Extension was to focus its program efforts upon a new client group. An observation made by several of the West Virginia University project staff was that previous to the time the project was undertaken, Extension in West Virginia was reaching only the middle- and upper-class communities in most counties. Thus, with the possible exception of 4-H clubs, which reached some low-income youth through association with the public schools, low-income communities were apparently not represented in various Extension activities.

Failure to include the poor in Extension programs represents, in part, the generalized isolation of low-income groups from the mainstream of society. The task of Extension was to incorporate into its programing more specific and effective efforts to include rural low-income groups, and to turn its considerable potential for problem solving to the assistance of such groups.

The Aims of the Project

Stated simply, the aim of the West Virginia Special Needs Project[6] was to learn more about how to work effectively with low-income, rural, nonfarm groups. It was intended that in pursuing this aim, innovative techniques for work with such groups would be developed and tested, thus generating a base of knowledge and methods which would help support more general and effective efforts by Extension to eliminate the ills associated with rural poverty. In the words of one of the individuals responsible for the overall guidance of the project, it amounted to an "educational research project." Other staff members revealed a similar understanding of the aims of the project by referring to it as a "test situation for Extension."

The aim of the project was based on recognition that rural, low-income people tend to be isolated in several respects. They are often isolated geographically and lack access to effective modes of transportation.[7] They are isolated from opportunity for economic self-

[6] As explained in the Preface, the project was supported in part by a "special needs" grant from the U. S. Department of Agriculture. Hereafter, the project will sometimes be referred to as the Special Needs Project.

[7] Jack E. Weller, *Yesterday's People* (Lexington: University of Kentucky Press, 1965).

sufficiency and perhaps even from other people with solid ties to jobs and income.[8] They are isolated culturally and often have limited access to groups, agencies, and institutions which influence local events.[9] They may be isolated psychologically, lacking the hope and self-confidence necessary to overcome some of the barriers they face.[10]

Thus, the aim was to develop Extension programs which would help rural low-income people acquire the skills, knowledge, attitudes, and emotional resources necessary to break out of isolation and hopefully, in the long run, to rise from poverty.[11]

In pursuing these aims, the project incorporated an approach combining new methods and program emphases with the established West Virginia University Extension program and personnel. At the same time, the project was designed to accommodate considerable flexibility. It was anticipated that ability to modify the project as it was being conducted might be needed, inasmuch as comparatively little was known about the types of problems that might be encountered in working with low-income families in their community settings.[12]

The project focused originally on three areas of activity: youth development; home improvement; and increases in the families' income. As will be described later, the focus on family income did not materialize fully during the course of the project.

The development of programming thrusts centered on the family as a unit constituted a subsidiary goal of the project. It was felt that if the family unit could be fully engaged, the strength of the family itself could be increased and, in turn, positive influences on individual development of family members could be generated. The emphasis on the family recognized the limitations involved in working to assist the disadvantaged through concentration on special age, sex, or interest groups when, in fact, interdependency and mutual influence among people are salient factors in human development. Thus, the hope was that through the family the total community could be reached, thereby creating a broad climate in which opportunities for personal growth might be maximized.

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[8] Robert W. Miller and Frederick A. Zeller, *Social Psychological Factors Associated with Responses to Retraining*, Institute for Labor Studies, Research Series No. 2, West Virginia University, Morgantown, September 1967.

[9] Weller, *op. cit.*

[10] Miller and Zeller, *op cit.*

[11] According to some writers, general societal forces were already operating in this direction. See, for example, John Photiadis, *Change in the Rural Southern Appalachian Community* (Morgantown: West Virginia University Bulletin, Series 69, No. 9-10, 1968). At the time this volume was written, however, it was clear that such forces were not strong enough to contribute significantly to solution of the problems at which the Special Needs Project was directed.

[12] This is not to say that there was not a fairly extensive literature on the subject or, for that matter, considerable undocumented experience derived from program efforts intended to assist the disadvantaged. The point is that those who designed the project's basic approach may not have been fully aware of that literature or confident enough in its general applicability to their plans.

It is important to stress that the Special Needs Project was based on the belief that education was an important potential means for breaking the cycle of ineffectuality and dependency which seemed to characterize many of the rural disadvantaged. An assumption was that the problems of the poor stemmed in part from a faulty life style associated with a lack of knowledge and experience. It was believed that these life styles could be modified by exposure to appropriately structured educational experiences. Thus, improvement in the economic welfare of the poor would first require changes in people and communities. Improvement in income would have to be achieved over time, rather than through short range program efforts.

To be sure, implicit within the aims of the project was a clear intent to develop the means to raise the level of economic welfare of the rural poor. However, the success of programs was not to be judged solely by an economic criterion. It was felt that Extension could be of important assistance if it could develop a way to help improve a variety of life conditions of rural disadvantaged people, possibly including health, housing, cultural experiences, the level of services available, and others.

The Project Staff

The staff of the project represented personnel from all levels of Extension activity in the State. The overall direction of the Special Needs Project was the responsibility of one of the Appalachian Center's Area Directors.[13] Shortly after the project was funded, two Extension agents were appointed to the area office to work full time on the project. Somewhat later, after the communities to be included in the pilot project were selected, the Extension agents — agricultural, home demonstration, and 4-H — in the counties in which the communities were located assumed project responsibilities in addition to their normal work loads. Additionally, state-level Extension leaders and their staffs[14] provided assistance to the project in their various fields of competence.

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[13] In order to provide area-level administrative and program services to the county offices, the West Virginia University Cooperative Extension Service maintains six area offices, each with its own director and several area-level specialists. Since the program was planned from the outset for communities all located within one of the areas, and since the director of that area was involved in the design of the project, it was thought that he was the most logical choice to serve as the project's director.

[14] Some were Extension Service staff members and others were not. The Appalachian Center is a consolidated university Extension organization made up of Cooperative Extension and a number of other Extension and research programs including the following: Manpower and Labor Studies; Social and Behavioral Research Program; Mining and Industrial Extension; Legal Extension; Business Extension. In addition, the staff of the Appalachian Center worked cooperatively with a number of other colleges and divisions of West Virginia University in the conduct of this project.

The Federal Extension Service provided liaison personnel, who worked throughout the five-year period with the West Virginia University Extension staff taking part in the project.

Selection of the Test Communities

Approximately sixty communities in five southern West Virginia counties were surveyed in search of appropriate settings for the project.[15] A principal criterion guiding the search was that the communities ultimately selected for inclusion in the project would be ones without previous experience with Extension activities. Inasmuch as West Virginia had a very active Extension program over the years, this meant that the target communities would have to be among the more isolated of the state's communities, located farther back in the "hollows" and on the mountain ridges.

County Extension agents provided the area agent with maps, directions, and guided tours when possible. In total, thirty-five days and 4,000 miles in travel were spent surveying communities which might be included in the project. Many of these communities were accessible only by muddy dirt roads or roads in creek beds, and sometimes there were no roads at all. One observation made by the area agent was that the farther one traveled off the paved highways, the more disadvantaged the people became.

However, even in areas which appeared to be disadvantaged (generally characterized by the area agent as those with "appalling" housing), one feature which became evident was that families with middle-class incomes often lived next door to lower-income families, thus making it difficult to find communities consisting of only the disadvantaged. Since it had been planned to work with communities in which most residents were disadvantaged, this factor made the community selection process more difficult. In addition, since the project plan included work with youth, low-income communites with children were sought as opposed to communities in which out-migration of the younger generation had occurred, leaving behind only middle-aged and aging adults.

The final selection of the communities to be included in the project was made after the number of potential communities was reduced to fifteen. Three criteria were employed in choosing the communities:

(1) Number of test communities to be included in the project — it was felt that the project staff could not handle more than three communities, and yet three different types of communities would

[15] The survey was carried out by one of the two area extension agents assigned to the project.

lend diversity that could help decide whether various techniques could be applicable and workable under different sets of circumstances;

(2) Distance from area headquarters — it was thought advisable to keep driving distance to each of the three communities to a maximum of one hour, since the area staff, including the project director, would be commuting from headquarters and, in addition, it was anticipated that there would be out-of-town visitors to the project who would have a limited amount of travel time;

(3) Previous lack of contact with Extension — it was thought to be desirable to work with communities representative of Appalachian hollow communities with little previous contact with Extension in order to determine the degree to which Extension could respond to unmet needs and clientele characteristically different from those typically served.

As it turned out, two of the communities selected had not had any Extension activities prior to the beginning of the project, and the third had had only a 4-H group headed by a teacher in the local elementary school. Only one community was chosen per county so that each of the three county staffs could concentrate its efforts in one area. This approach was employed to distribute the experience of working with low-income families among a larger group of Extension agents than would have been possible had the project been limited to communities in one county.

The three communities selected for the project were Eastridge, a rural ridge community of thirty-eight families, Valley's End, a deadend hollow community of thirty-five families located immediately outside the city of the area headquarters, and Campville, a sprawling community typical of many former coal mining towns in Appalachia.[16] Boundaries had to be established in Campville limiting the area embraced by the project to eighty-seven families, since the entire community, which stretched for miles, included hundreds of families. The area chosen was that nearest to the public elementary school located in the community. Henceforth in this report, the term Campville refers only to that area.

Detailed descriptions of the three communities are provided in Chapter Two.

The Methodology and Content of the Project

The specific elements of the methodology and program approaches that comprised the West Virginia project during its initial stages were developed at a series of meetings held between May and

[16] The names Eastridge, Valley's End, and Campville used in this volume to designate the three communities involved in the project are *not* the *actual* names of the communities.

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August of 1964. Participants in these meetings included representatives of the Federal Extension Service and both campus and field-based staff of the West Virginia Cooperative Extension Service. The plans which emerged centered on an initial program thrust in the area of early childhood education. It was decided that the early childhood education program should serve not only to provide growth promoting experiences for children, but also as a means to engage parents, and especially mothers, in program activities. In addition, it was decided that a survey of all families in the three test communities should come prior to the launching of any program activities.

The survey was to provide information about the communities and their residents that could be used for subsequent program planning. The information collected was also intended to serve as baseline data for descriptions of the project and subsequent efforts at evaluation. The questionnaire used in the survey was designed by Federal Extension Service representatives and University Extension personnel. It was pretested in communities similar to those chosen for the project.[17] The entire county Extension staff in each of the three counties participated in administering the questionnaire.

Essentially, the survey collected information from the residents concerning their education, occupations and sources of income, mental and physical disabilities, housing, water supplies, appliances in their homes, and attitudes toward their communities. Also, ratings were made by the interviewers on the interior and exterior appearance and condition of the homes and the cleanliness and clothing of the residents. This information was necessary to determine the extent of deprivation in the communities, the types of programs which conceivably could be attempted, and what, if any, leadership existed within the communities through which the project staff could begin their efforts. The survey also included questions pertaining to the early childhood education program under consideration as the initial undertaking of the project.

The personal contacts made with each family in the three communities in the course of administering the survey were helpful to the project staff for several different reasons. The information obtained from the community residents was considered to be important in itself. But, in addition, the home visits also served the purpose of introducing the Extension agents to the communities and provided them with opportunities to talk with the residents and view their living conditions first hand. Moreover, residents gained the opportunity to find out why Extension agents were in their communities. Of approximately 150 households contacted, difficulty in obtaining necessary information was encountered in only one case.

[17] See Appendix A for the interview schedule.

As the project progressed, reliance on home visits and personal contacts emerged as a central element of project methodology. Several purposes were served by maintaining contact with families in this way.

First, the home provided a non-threatening setting in which rapport between project staff and community residents could be firmly established. Also, home visits were the only effective means of communicating with the families concerning the various programs. For example, it was learned that posted or mailed notices of meetings and events were not effective in stimulating attendance, and notice of such meetings made by home visit more than six days in advance was likely to be ineffective as well. Thus, personal visits to every household shortly before an activity was scheduled were mandatory for maximum participation.

Another purpose served by home visits was that they provided a context for informal problem-solving education. Through personal contact with the families, an opportunity was gained to help family members with problems ranging from home repair to relationships with public helping agencies. Not all staff members were equally effective in such a role, nor were all families equally responsive. However, the staff reported that home visits generally became longer as the project progressed and community residents gained more confidence in the agents. Moreover, the families generally seemed to enjoy the visits.

The extent to which the staff came to rely on personal contacts through home visits as a program method was consistent with the basic project philosophy and design. Home visits represented an approach which stressed that problems of the rural disadvantaged could be alleviated through educational programs centered on the family. Moreover, personal contact in the home was consistent with the one-to-one educational techniques which had proved so successful for Extension in past efforts to improve the quality of life for American farm families.

In addition, a patient, personalized, home-centered approach to work with the disadvantaged was logical in view of existing information concerning the anticipated problems in working with disadvantaged people in general, and the isolated, rural poor of Appalachia, in particular. Appalachians especially have been pictured, correctly or incorrectly, as independent, withdrawn and somewhat suspicious of strangers, family oriented, and lacking in the aggressiveness necessary to seek out and cope with relationships to programs or agencies that could be of assistance to them.[18] In the opinion of the project staff, home visits were important because the people did approximate these characteristics.

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[18] For example, see Weller, *op. cit.*

For example, in the opinion of one University-based staff member who spent a considerable amount of time working on the project in its early stages, attempting to initiate a program with low-income people was more time consuming than it would have been with middle-income groups. As she put it:

> It took much longer than anyone thought. One of the main differences with working with low-income people versus middle-income people was that it was more difficult to gain the confidence of the people, to establish some rapport with them. There were so many negative influences, negative feelings that the people had to overcome. They had been taken advantage of so much in the past that the agents who came in had to do a lot of reassuring before the people would accept them and really believe that they didn't have some ulterior motive. It took time, a lot of time, to reassure them that we weren't trying to get something from them.

Although there is no way of evaluating the ultimate impact of the home visits as an educational strategy in its own right, there obviously was a potential in this approach to provide low-income people with some of the information and self-confidence necessary to bridge the gap of knowledge and psychological readiness that seemed to stand in the way of taking the action necessary to solve some of their problems.

It is easier to judge the value that the visits had in facilitating citizen participation in the four major program thrusts which developed over the course of the total project. The judgment of the project staff and the evaluation team is that the visits were instrumental in building necessary levels of citizen support for these programs. In this regard, the home visits could be considered the basic element of project methodology, for without them it is doubtful if the major program components of the project could have achieved even modest success. (The role of home visits in each of the specific program components of the project will be touched upon in subsequent chapters.)

As has been indicated, four major programming efforts evolved during the course of the project: early childhood education, health education, recreation and youth activities, and community development.[19] The early childhood education program was by design the first program to begin after the initial community household survey which included an assessment of the opinions of community residents concerning the establishment of an early childhood

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[19] Described in turn in Chapters Three through Six.

education program. An overwhelmingly positive response from the communities gave impetus to the program, which was begun in the late fall and early winter of 1964. The decision to begin formal programming with an effort in early childhood education was based in part on the assumption that there would indeed be support for a program which promised to aid the growth of children. As experience proved, such a program could thus serve as an entree to the cooperation which would be needed in the community to establish additional programs.

The early childhood education program was designed to provide learning experiences for both children and their mothers. The major aim was to narrow the "cultural gap" between the disadvantaged child and the mainstream of society by providing the children with the types of experiences most middle-class preschoolers have as a matter of course.

The health education program began in 1965 with a comprehensive health survey conducted in all three test communities. Growing in part out of the success achieved in providing necessary innoculations for the children participating in the early childhood education program, in part out of recognition of serious health problems in the communities, and in part out of the interest of two staff members of the West Virginia University Medical Center, the health program included, in addition to the survey, free comprehensive medical examinations for all community residents willing to take them, follow-up consultation and referral, and specially designed health education classes. As in the development of the early childhood education program, home visits and organizational efforts of the project staff were instrumental in initiating the program and carrying it through to completion.

A third program thrust in recreation for youth was also begun during the summer of 1965. Since summer camping programs and organized recreation had been for many years a vital part of Extension's 4-H program, an effort was made to extend the potential benefits of these programs to the disadvantaged youth of the three hollow communities included in the pilot project. Furthermore, there was some feeling that the work with preschool children, which by that time had been successfully organized, should be expanded to include children of all ages.

The purpose of the summer recreation program, which included a weekly recreation day throughout the summer and a community day camp at the end of the summer, was to satisfy the need for recreational activity among children from six to sixteen, while at the same time stimulating the development of good health habits and skills of teamwork and interpersonal relations.

From mid-1964 to 1967 the home visits and the continuing administration of the special programs in early childhood education,

health education, and recreation for youth were the major elements of the project. For a variety of reasons described later, the centers for preschool experience around which the early childhood education program had been designed had ceased operations in all three communities by the end of 1966. The health education and recreation programs continued through 1967 and 1968.

An additional program effort was begun in 1967. At that time, the staff considered it important to initiate an attempt to develop the community leadership necessary to extend community improvement activities beyond the life of the project. Although the potential need for a community development program and the possibility of testing community development approaches had been recognized from the beginning of the project, it was not until 1967 that priorities in the assignment of available staff resources permitted the establishment of such a program. The aim of the program was to organize the residents of two of the communities around self-directed efforts to study and assess various community problems, and then to create linkages to agencies in the wider community with capabilities of assisting in problem solution.

Thus, in the course of its development the project offered a diversity of programs for residents of the three disadvantaged communities. The programs were directed fundamentally toward providing residents with the knowledge and experience necessary to achieve improved levels of education and health, and to a lesser extent toward improvement in the delivery of certain services from existing agencies in the broader community. All programs were based in part on a foundation of positive relationships between residents and project staff, established through home visits.

The Purpose and Method of the Evaluation Study

The purposes of the present study are:

(1) to describe the major components of the West Virginia pilot project;

(2) to evaluate the project's program structures and processes, and its staff organization and administration;

(3) to evaluate the outcome of the project as compared to its goals.

Since the primary goal of the project was to learn how Cooperative Extension might work more effectively with the rural disadvantaged, its success must be measured in part by the extent to which the project generated knowledge of potential usefulness to the design of future projects. In addition, however, its success must be weighed against the intent of the project to initiate changes in the behavior of the disadvantaged leading to improvements in the quality of their lives.

Moreover, there are other questions to be examined. The project constituted an intervention into the social equilibrium which existed in the test communities. What was the extent of the resulting disturbance in social relationships, if any, and what qualitative, perhaps unanticipated, changes occurred? In addition, what changes occurred within the Appalachian Center, which found itself working with new clients and using techniques different from those customarily used?

Answers can be provided more easily to certain of these questions than to others since the available data do not relate equally well to all pertinent questions. Much of the data upon which this report is based were obtained after the completion of the project. Even though much of this information was compiled by the project staff during the course of the project, and was intended for evaluation purposes, it was not recorded in response to the needs of a systematic evaluation plan and is consequently lacking in certain respects as a basis for evaluation.

Among the documents providing the data for this study are annual staff reports, reports of special meetings, correspondence, special program reports, survey data collected from community residents at the outset of the project, data from the health survey,[20] and publications of staff members prepared during the project.[21]

The evaluation study generated additional data. Prior to the end of the project, the staff completed questionnaires that provided information about every family participating in the project.[22] Each community was described in profiles prepared by the county agents in response to a second questionnaire.[23] In addition, the evaluation staff conducted and tape recorded interviews with every project staff member during the winter and early spring of 1969-70.[24] The evaluation staff also made on-site visits to the test communities at the time the present evaluation study was launched during the latter portion of the fifth year of the project.

The data were adequate for assessing certain short-run outcomes of the project and helped to support judgments about potential long-run outcomes as well. It was possible, for example, to establish that the project resulted in certain types of new experiences for community residents, and levels of participation in these activities can be cited. Furthermore, the data permit description of the delivery of new

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[20] See Appendix B for text of the questionnaire used.

[21] For example, see Thomas E. Woodall, *Design for Action* (Morgantown: West Virginia University Bulletin, Series 69, No. 6-2 1969).

[22] See Appendix C for a copy of the questionnaire that was used.

[23] See Appendix D for a copy of the questionnaire that was used.

[24] See Appendix E for a copy of the interview schedule that was used.

services to the communities. Before and after data were used wherever possible to establish such outcomes. Long-run outcomes in the form of specific attitudinal changes in community residents, or changes in life style or economic welfare were more difficult to document. Judgment on such outcomes has been reserved where data are lacking.

Data from interviews with the project staff were relied upon heavily in analyzing project processes and structures. It was possible, through these data, to identify numerous problem areas: in project design and administration; in direct work with the residents in their homes; and in the special programs. In addition, the interviews provided information on certain events and circumstances associated with the project which was of considerable use in reaching judgments on outcomes.

A Summary of Evaluation Findings

In the chapters that follow, the programs, methods, administrative processes, and outcomes of the West Virginia project are described and analyzed in detail. Certain of the findings and conclusions of this evaluation, concerning the achievements of the project in pursuit of its aims and the problems encountered, are highlighted here to complete the overview of the project thus far presented.

A fundamental aim of the project was to establish and conduct programs of university Extension within disadvantaged rural communities previously untouched by Extension and, in the process, generate information concerning ways of successfully assisting the rural poor. Implicit within this aim was the intent to help residents of disadvantaged test communities to improve their social and economic well-being.

One conclusion of the evaluation study is that the project was successful to the extent that it demonstrated that organizational structures can be created, new services delivered, and educational work carried on by Extension in low-income rural communities. The establishment and functioning of the four component programs already mentioned are evidence of such success.

As described in the following chapters, these programs were not established without difficulty. It was necessary for the project staff to work hard and persistently, especially to get the programs established. Their existence provided concrete benefits to the residents of the communities in the form of new opportunities to improve levels of health, education, and community services, and in general afforded a broadened range of alternatives for activity related to personal and community development. A systematic description of these programs, including processes followed,

problems encountered, and specific apparent outcomes, comprises a substantial portion of the present study.

Several unanticipated consequences of the project can also be classified as achievements. Perhaps the most important of these is that the preschool program came to serve an important role as a pilot for the establishment of the Headstart program in West Virginia. Another unanticipated outcome was that the health education program which was begun in the communities came in time to be organized and conducted in many other isolated locales in the State.

However, perhaps the most important findings of the evaluation study were not those that centered on the degree of success achieved in improving the welfare of the people, but rather those concerned with problems encountered in working with the disadvantaged residents of the communities, and the shortcomings in project administration and design. Identification of such problems and shortcomings was a prime aim of the project since it was hoped that greater knowledge of problem areas would constitute a basis for improvement in the effectiveness of future work with low-income rural groups.

Chief among the difficulties which arose in working with the people was the amount of time and attention it was necessary to give to personal contacts with the families and one-to-one recruitment of program participants. To gain acceptance for the various programs and encourage the family members to participate fully in them required building a solid, trusting relationship which would support effective communications and cooperation between staff members and families.

The choice of initial program thrusts seemed to facilitate the engagement of the people in program activities during early stages of the project and seemed a particularly crucial element of project design. However, it was also found that participation in programs was hard to sustain. The importance of designing programs to deliver fairly continuous, concrete satisfactions to stimulate participation thus emerged, not unexpectedly, as an important factor in working with the rural poor.

Status relationships among residents of the communities and the influence of existing community institutions such as the church and the dominant political party was found to be important to program success, especially in two of the three communities. Effective work in the communities thus required knowledge of community structures and influences and modification of program approaches when necessary in order to adapt to the unique characteristics of each community.

Finally, among key lessons learned about working in low-income communities, the importance of sensitivity to the resident's rights of privacy and needs for pride and self-esteem is especially prominent.

When publicity or research activities associated with programs are not controlled to protect the rights and sensibilities of residents of low-income communities (as unfortunately was the case with certain types of publicity concerning the West Virginia project) the result can be harmful to cooperation and in the extreme can destroy any working relationship with a community.

In addition to its focus on knowledge generated by the project concerning problems in establishing and maintaining working relationships with low-income groups, the evaluation also stresses certain apparent shortcomings in project design and administration. Chief among these was a lack of follow-through on programs. For a number of possible reasons (discussed in Chapter Seven), the programs begun in the communities were not sustained with vigor throughout the project and none survived past the end of the project funding period. The administration of the project can fairly be faulted for this result which could have led to frustrated expectations on the part of community residents.

The lack of program follow-through was compounded by the absence of a well-developed conceptual scheme which could have guided the over-all thrust of the project and helped to cumulate the worthwhile effects of the separate project components. In the absence of conceptual guidelines there seemed to have been a tendency for the goals and methods of the project to be associated with the interests and experiences of the staff members rather than with the requirements of a rational project strategy.

Other faults in project design and administration brought out in the evaluation are: the absence of completely adequate project leadership; insufficient attention to in-service staff training; the failure to include a systematic evaluation effort as part of the project from its beginning; and budgetary restrictions which created unnecessary problems for the staff.

In addition, certain project staff members working in the communities apparently experienced conflict between the demands of their project job role and the time required to perform regular duties in their counties. Others experienced conflict between their personal needs and preferences and the requirements of working with rural poor.

Lastly, it is a conclusion of the evaluation study that the project's strategy for assisting the rural disadvantaged was lacking seriously in attention to their economic problems. The improvements which the project, as designed, might have generated in the economic welfare of the people were problematic and possible only in the very long run. Work for change within the economic sphere would have been difficult and the staff was not well prepared to pursue it. Yet, the economic problems of the people were pressing, and in the opinion of the evaluators more could have been done within the framework

of the project to help alleviate those problems. This would have required more attention to work with agencies, institutions, and influential persons to initiate changes in the social and economic environment which confronted the people, leading to greater opportunity for their economic self-sufficiency.

Such work might have included attempts to effect changes in the attitudes of those who could have been of assistance to the disadvantaged but were not, changes in the extent to which programs of separate agencies were integrated, and changes to facilitate referral and acceptance of the disadvantaged into job training programs.

These findings, together with a full description of what was done in the project, why it was done, and the nature of the conditions encountered in the communities are elaborated in the following pages.

CHAPTER TWO

A Social And Economic Profile Of The Three Communities

This chapter is primarily concerned with a description of the communities and the presentation of certain basic data useful for assessing the nature and effectiveness of the project's component programs analyzed in subsequent chapters of this report. This chapter touches on the following aspects of the three communities:

(1) Their topography, including linkages and relationships with each other and with other communities, and other physical characteristics. Consideration is given to possible effects on the communities of isolation and semi isolation from the main currents of social and economic life.

(2) Comparisons based upon primary interview data developed from surveys conducted in 1964, 1966 and 1968 by the Special Needs Project staff, physicians and other medical personnel from the West Virginia University Medical Center, and staff from the Social and Behavioral Research Program, the Appalachian Center, West Virginia University. When available, secondary source data are also used. The major purpose of this analysis is to point up the social and economic conditions of the three study communities relative to the parent counties, other adjacent or contiguous counties, and the State at large. Principal emphasis is placed on the following variables: population trends, age distribution, sex and marital status, education, employment, unemployment, labor force participation, income and wages.

(3) Some conclusions on the existence of community as sociologically defined.

The communities are located in three different counties in southwestern West Virginia, each within approximately an hour's drive of two of the State's largest urban centers. The three communities are quite small, with only the largest appearing on the latest official map of West Virginia.

The Community of Campville

Campville is the largest of the three communities included in this project. Based on data collected by the Social and Behavioral Research Program, the population of this community in 1968 was slightly more than 200 people living in sixty-three households[1](see Table 1).

This is one of the two predominantly hollow communities included in the project. A creek runs the full length of the hollow, often flooding the homes of residents. Several small dirt roads branch off a narrow, paved road which extends the full length of the main hollow. Many of these unpaved roads which branch off into what might be called "sub-hollows" are impassable several months of the year, contributing to the isolation of a substantial proportion of the population.

With but few exceptions, private and public services are substandard or nonexistent in Campville. However, there is a rather modern elementary school in the community with adequate recreational space for play activities. This school is said to be the focal point of the community. Largely because of the efforts of the Campville Community Problems Study Group — an action organization formed as a result of recommendations by the Special Needs Project staff — school bus service is available to almost all the children in the hollows who attend this school as well as to older students who attend high school twelve miles from Campville.

There are two very small general, or country, stores in the community which are poorly stocked and tend to be relatively high priced. To a considerable extent only those without other alternatives shop in them. The nearest adequate shopping facilities are in a town about twelve miles from Campville. There is no public transportation, and when taxi service is available at all it is prohibitively expensive. A car pool is used by a small number of people employed in the nearby urban center. With the exception of the elementary school playground, there are no recreational facilities available within the community.

In summary, Campville might best be described as a hollow-creek community of poor roads, substandard housing, and inadequate or nonexistent public and private services. It is a former mining community where coal once was king, but since the early 1930's only abandoned and worked out mines and fully-loaded coal trains moving through the community have linked coal to its past. It is

[1]This refers only to that portion of the area designated as Campville by the project staff for study purposes. The population of the community loosely defined as Campville by the people residing in the area is much larger. As a matter of fact, merely defining the community's boundaries for the purposes of the project was a matter of some concern to the staff when the project was started.

TABLE 1

Total Population, Number of Households and Size of Households for Campville, Eastridge, and Valley's End, West Virginia, 1964, 1966 and 1968

Item	Campville			Eastridge			Valley's End			Total Population	
	1964	1966	1968	1964	1966	1968	1964	1966	1968	1964	1968
Population	261	234	206	167	152	104	152	130	139	580	444
Population Change 1964-1968 (%)			-21			-38			-8.6		-22.6
Households	71	67	63	39	36	28	39	33	36	149	127
Average Size of Household	3.7	3.5	3.3	4.3	4.2	4.0	3.9	3.9	3.8	---	---

SOURCE: 1964 and 1968 data are from household surveys conducted by the Appalachian Center of West Virginia University. Data for 1966 are from a medical survey of the communities conducted by the Medical Center at West Virginia University.

representative of hundreds of other similar communities which are widely scattered and virtually hidden in the deep, well-foliaged hollows of Appalachia.

The Community of Eastridge

Eastridge, the smallest of the three communities, is best described as a ridge community. A small low-grade road, paved since the project began, extends a short distance into the community, and an assortment of poorly maintained, near-impassable dirt and gravel roads run to homes scattered over the hillsides. The main road bisects the community and runs to the river which passes nearby. The summer homes and camps of several upper- and middle-income city residents located near this river provide sharp contrast to the homes of the other residents in the area.

Eastridge is perhaps the most disadvantaged of the three communities. It is virtually without public or private services. There is no public transportation and travel by personal car is difficult over roads often near-impassable, especially during the winter months and early spring. There are two small general stores located one to two miles from Eastridge which are used frequently by the residents of the community. More adequate shopping facilities are available in the county seat about eight miles away. Some of the people infrequently travel to the city to shop.

The children in the community attend an elementary school about two miles away and the older students attend high school in the county seat. There is a recreational area in the community established as part of the pilot project, and some organized recreational activity occurs.

In summary, Eastridge is a very poor, tiny, isolated ridge community largely dominated by fundamentalist church beliefs. Marginal farming, dirt roads (or muddy ones, depending on the season), dug wells, dug privies, rundown housing and lack of entertainment characterize life here.

Little or nothing breaks the dreary routine for adults or invigorates the younger members of the community.

The Community of Valley's End

Valley's End is a small, dead-end hollow community with well-defined boundaries. Unlike the other two communities in this project, there is but a single unpaved road which runs into the hollow and deadends there. A small creek crosses this road several times, often making it difficult to travel by car.

As might be expected, public and private services are poor or nonexistent. There is no public transportation (bus service), and taxi

service is prohibitively expensive and/or unreliable, as is transportation by a neighbor's private automobile — which might cost as much as five dollars for a trip to a local store. There are no car pools except for one formed by a small group of women who work as domestics in a nearby city.

All students attend schools in the county seat about nine miles from Valley's End. Until the project began, students were required to walk approximately one mile to the mouth of the hollow to catch the school bus. Subsequently, the roads were improved so that the school bus could come into the hollow to pick up the children near their homes.

There is not even a small grocery story in this community. However, ample shopping facilities are available about three miles away in a city of 20,000. This community is located in a very narrow hollow, and there is little space available nearby for outdoor recreational activities. No adequate or safe building is available for indoor recreational and entertainment activities.

Valley's End is a dead-end community of generally dilapidated housing. Although closer to urban centers, it is probably more isolated than the other two communities, although it is an isolation related to the attitudes of the community residents regarding community development and outside assistance rather than to distance.

Locational Characteristics of the Communities — A Summary

The communities included in this project are not extremely isolated from population centers when compared to many other small hollow and ridge communities in Appalachia and in West Virginia. Each was no more than fifty miles from hubs of employment and service activities in two of West Virginia's largest cities. Nevertheless, the problems related to isolation of these three communities are real.

With respect to transportation, most of the residents of these small hollow communities use personal cars, pay their neighbors for transporting them, or use taxi services. Bus service is either non-existent or inefficient in terms of the needs of the people in the areas.

Geographical remoteness is a most serious obstacle to devising a strategy for community development which encompasses both social and economic dimensions. However, when the transportation system is nonexistent or poor the problems related to isolation are severely compounded.

Population Trends

The communities included in the project have had considerable population loss. According to data obtained from personal interviews conducted in the three communities by the University's Appalachian Center in 1964 and 1968, population in the three communities decreased substantially between the survey dates.

The decline in the population in the period 1964 to 1968 was quite severe relative to population changes in West Virginia and in most of the counties in the State, and produced varied results. Two changes stand out most clearly: (1) The decline in the total population of the communities, and (2) The effects of this population loss on the age and sex structures of the population.

When the West Virginia pilot project was begun in 1964, the combined total population of the three communities was 580, with the largest community (Campville) having a population of 261 and the smallest (Valley's End) having 152. By 1968, the total population of the three communities had declined by 22.6 percent (136 people), with Eastridge experiencing the largest decrease (38 percent) and Valley's End the smallest (8.6 percent). As a result of the decline in population in each of the three communities during the 1964-1968 time period, Eastridge became the smallest of the study communities (see Table 1).

That there has been substantial emigration of persons from the three project communities is not very surprising since there has been a relatively steady decline in West Virginia's population over the last decades. With a 7.2 percent loss of population in the period 1950-1960, West Virginia was one of only three states with a net population loss during the decade of the fifties.[2] Data from the 1970 U. S. Census of Population indicate that the State lost an additional 6.2 percent of its population during the sixties with only ten counties experiencing net increases in population.[3] It is interesting to note that the project community with the smallest population loss in the period 1964-1968 was located in one of the ten counties in the State experiencing a net increase in population during the decade of the sixties.

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[2]U.S. Department of Commerce. *Statistical Abstract of the United States* (Washington: U.S. Government Printing Office, 1969), Tables 13 and 14, pp. 14-15.

[3]*The Dominion-News*, (U.S. Bureau of Census News Release) Morgantown, West Virginia, June 19, 1970, p. 4-A.

Sex and Age Structure of the Population

In analyzing the changing sex and age structures of the population in the three communities (relative to national and state norms), four features stand out most prominently: (1) the ratio of males to females, (2) the percentage of the population five years of age and under, (3) the percentage of the population sixty-five years of age and older, and (4) the median or average age of the population.

Ratio of Males to Females in the Population

No data on the ratio of males and females in the population are available for West Virginia or for representative counties of the State. However, data for the United States indicate that the ratio changed from 49.1 percent male and 50.9 percent female in 1964 to 48.8 percent male and 51.2 percent female in 1968. In other words, there has been continued growth in the representation of women in the United States population.

Just the opposite trend seems to be developing in the West Virginia project communities. Whereas in 1964 there were proportionally more females than males in each of the three communities, by 1968 there was a marked reversal so that the ratio favored males. The most dramatic shift took place in the community of Eastridge, where the ratio changed from 48.2 percent male and 51.8 percent female in 1964 to 53.0 percent male and 47.0 percent female in 1968 (see Table 2). Both the emigration of large numbers of people from these communities (many of whom were young women) and the decline of the fertility rate in these and other rural West Virginia communities were probably two factors which contributed to this reversal.

Percent Distribution of the Population Five Years of Age and Under

The proportion of the population five years of age and under in the project communities was inordinately high in 1964, being about twice that for the nation, for West Virginia, and for many of the counties in West Virginia.[4] More significant than the community-

[4] The proportion of the population of the United States five years of age and under was 10.8 percent in 1964 and 9.2 percent in 1968. The proportion of West Virginia's population under five years of age fell from 9.9 percent in 1964 to 8.4 percent in 1968. See U.S. Department of Commerce, Bureau of the Census, Current Population Reports, Series P-25, No. 333, March 30, 1966, Series P-25, No. 416, February 17, 1969, and the U.S. Department of Commerce, *Statistical Abstract of the United States*, 1968 (p. 25), and 1969 (p. 12). No comparable data are available for the counties for the years 1964 and 1968. However, in 1965 the percent of the population under five years of age ranged from 7.7 percent in Putnam County to 12.1 percent in McDowell County. See Leonard M. Sizer, *Projections of the Population of West Virginia Counties by Age and Sex by Five Year Periods, 1965-1985*, Office of Research and Development, West Virginia University, 1968.

TABLE 2

Percent Distribution of Population by Sex for Campville, Eastridge, and Valley's End, West Virginia, and for the United States, 1964 and 1968

Sex	Campville		Eastridge		Valley's End		United States	
	1964	1968	1964	1968	1964	1968	1964	1968
Male	49.6	52.9	48.2	53.0	48.4	51.1	49.1	48.8
Female	50.4	47.1	51.8	47.0	51.6	48.9	50.9	51.2

SOURCE: 1964 and 1968 data from household surveys conducted in the communities by the Appalachian Center of West Virginia University. Data for the United States are from the USDC **Statistical Abstract of the United States,** 1965 (p. 24),. 1969 (p. 10).

noncommunity differentials, however, was the precipitous drop in the representation of this age group in the population of the three communities. In two of the three communities (Campville excepted) the decrease was more than 50 percent, with the reduction being the greater in Valley's End where the proportion of the population five years of age and under fell from 20.9 percent in 1964 to 8.63 percent in 1968 (see Table 3).

Percent of the Population Sixty-five Years of Age and Older

The proportions of the population five years of age and under and sixty-five years of age and over are important for several reasons. Perhaps most importantly, these are the two largest dependency groups in our population. Neither group is a productive segment of society while both are substantial consumers of goods and services.

In 1964 and 1968 the proportion of the population of the three communities aged sixty-five and over was low relative to national and state norms. With the exception of Campville, slightly more than 5 percent of the population of the Special Needs communities were sixty-five years of age and over in 1964.[5] Although there was an increase in the percent of the population sixty-five years and over in two of three communities in 1968 (see Table 3), the proportion of the population in this age group remained substantially below national and state norms.[6]

Median Age of the Population

While the population of the United States has been growing younger, that of the project communities has been growing older. In 1964 the median age of the population in two of the three communities was about 25 years, compared to 28.3 years for the

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[5]In 1964, 9.3 percent of the population of the United States were aged sixty-five and over, while 9.9 percent of West Virginia's population fell into this age group. U.S. Department of Commerce, *Statistical Abstract of the United States*, 1967, p. 25, and U.S. Bureau of the Census, *Current Population Reports*, Series P-25, No. 333, March 30, 1966. No comparable data are available for West Virginia counties in 1964 or 1968. However, data for 1965 indicate that the percent of the population aged sixty-five years and over ranged from 8 to 12 percent. See Leonard M. Sizer, *Projections of the Population of West Virginia Counties by Age and Sex by Five Year Periods, 1965-1985*, Office of Research and Development, West Virginia University, 1968.

[6]In 1968 the proportion of the population sixty-five years of age and over was 9.6 percent and 10.6 percent for the United States and West Virginia respectively. Percentages derived from U.S. Department of Commerce, *Statistical Abstract of the United States*, (1969), Table 26, p. 25. State figures from U.S. Department of Commerce, *Current Population Reports*, Series P-25, No. 416, February 17, 1969.

TABLE 3

Percent Distribution of Population by Age for
Campville, Eastridge, and Valley's End, West Virginia, 1964 and 1968

Age	Campville		Eastridge		Valley's End	
	1964	1968	1964	1968	1964	1968
16 years and over	63.5	68.6	59.4	69.0	54.9	59.0
5 years and under	17.5	10.6	18.8	8.0	20.9	8.6
6 to 16 years	19.0	20.8	21.8	23.0	24.2	32.4
16 years and under	36.5	31.4	40.6	31.0	45.1	41.0
65 years and over	8.8	8.5*	5.3	6.2*	5.3	5.9*

SOURCE: Household surveys conducted by the Appalachian Center in the communities in 1964 and 1968.

*From the 1966 West Virginia University Medical Center survey of the communities.

United States. By 1968, however, the median age of the population in all three had surpassed that of the population of the United States.[7]

Outmigration seems to have had a rather pronounced impact on the age structure of the population of Eastridge. The population of this community aged 16 years and over grew from 59.4 percent in 1964 to 69 percent in 1968. At the same time, the average age of the population increased from 25.1 years in 1964 to 32 years in 1968. Perhaps related to the rather sharp rise in the average age of the population in the Eastridge community was the noticeable decline in the percent of the population 16 years of age and under and the decline in the average size of the family in this community.[8]

Educational Attainment

The educational level of those who reside in the small remote hollow communities of West Virginia is very low relative to the average level for the United States. Under the most ideal conditions, there are formidable obstacles to providing quality education for the poor. These problems are compounded where the remoteness of the communities makes it difficult to develop an efficient delivery system. Available data indicate that while the level of education in West Virginia has improved in terms of median school years completed by persons 25 years and older, moving from 8.8 years in 1960 to 10.0 years in 1968, the educational gap may have widened. In 1960 West Virginia fell only 1.8 years below the national norm for median school years completed for persons 25 years and older. By 1968, however, this gap may have widened to 2.1 years.[9]

Data derived from household interviews conducted by the pilot project staff in 1964 and 1968 point up quite clearly the nature of the educational barrier which acts to thwart or retard progressive social and economic programs in the rural nonfarm areas of the State. Although the data for the three communities are not strictly comparable with state and national norms cited above, they are more detailed and more revealing.

[7]The median age of the U.S. population was 27.8 years in 1968, compared to 32.8 years for Campville, 32.0 years for Eastridge and 28.4 years for Valley's End. See U.S. Department of Commerce, *Statistical Abstract of the United States*, (1969), Table 8, p. 10. Data for the communities were developed from household surveys conducted in the communities in 1968 by West Virginia University's Appalachian Center.

[8]The percent of the population in Eastridge sixteen years of age and under declined from 40.6 percent in 1964 to 31.0 percent in 1968. At the same time the average size of the households in the community fell from 4.3 to 4.0 (see Table 1). Data derived from surveys of the communities in 1968 by the Appalachian Center of West Virginia University.

[9]This latter conclusion is based on the assumption that the percentage increase in median school years completed for West Virginia's population was equivalent to the national average. Median school years completed by persons 25 years and older in the United States increased 1.5 years from 1960 to 1968 (10.6 years to 12.1 years). Assuming similar increases for West Virginia, the median school years completed by persons 25 years and older would be about 10.0 years in 1968.

For example, in 1964 approximately 33 percent of the residents of the Valley's End community nineteen years of age and over had seven years of education or less. The communities of Campville and Eastridge had even larger proportions of their populations in this age group with seven years of education or less (43.9 percent and 44.1 percent respectively) (see Table 4).

Relative to national norms, one would expect to find few high school and post-high school graduates in these small, rural nonfarm communities. However, the proportion of the populations of the three communities nineteen years of age and over with twelve years of education or more appears quite low even for these remote, hollow communities. Only a little more than 16 percent of the residents in this age group in two of the three communities (Campville and Eastridge) and only 13 percent in one of them (Valley's End) had twelve years or more education when the initial interviews were conducted in the communities in 1964 (see Table 4). A more detailed analysis of the education of the population of the three communities in 1966 indicates that in two of the three communities more than 60 percent of the adult population had less than nine years of education and 6 percent had three years of education or less.[10]

In terms of actual years of school completed, there was positive change for the State of West Virginia in the 1964-1968 period. The educational levels in the three communities, however, remained static or changed only slightly during this time. For example, the average number of school years completed for the population (excluding pre-school age children) of the Eastridge community was 6.1 years in both 1964 and 1968; Campville, 7.0 years in 1964 and 7.7 years in 1968; Valley's End, 6.7 years in 1964 and 7.1 years in 1968. If one considers only the adult population not now in school, the change in the educational attainment of the population in the communities in the 1964-1968 time period is somewhat more encouraging, except for Eastridge, where the situation worsened (see Table 5).

One can readily see at this point that there are educational deficiencies among the populations of the small hollow communities of Appalachia. Such deficiencies presumably constitute effective barriers to change, and thus compound the problems of working with this segment of our population. These deficiencies also pose some important questions about the future of these and other similar communities in this region.

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[10]See Ernest W. Chick, Marilyn A. Jarvis-Eckert, and Roger E. Flora, "Health Profiles of Three Hollows in West Virginia," *The West Virginia Medical Journal*, (May, 1969), Table 5, p. 15. This special article is based on a medical survey of the three project communities conducted by the West Virginia University Medical Center in 1966. The results of this survey and the community health program are examined in detail in Chapter Four of this report.

TABLE 4

Educational Levels of Household Members (19 years and over) in Campville, Eastridge, and Valley's End, West Virginia, September 1964

Years of Education	Individuals					
	Campville		Eastridge		Valley's End	
	Number	Percent	Number	Percent	Number	Percent
None	3	2.0	5	6.0	1	1.2
1 - 3	13	8.8	7	8.3	5	6.5
4 - 7	49	33.1	25	29.8	19	24.7
8	37	25.0	20	23.8	23	29.9
9 - 11	15	10.1	13	15.4	19	24.7
12	22	14.9	12	14.3	10	13.0
Over 12	2	1.4	2	2.4	0	0.0
Don't know	7	4.7	0	0.0	0	0.0
Total	148	100.0	84	100.0	77	100.0

SOURCE: Personal interviews conducted by the Appalachian Center in the communities in 1964.

TABLE 5

Selected Indicators of Education for
Campville, Eastridge, and Valley's End, West Virginia, 1964 and 1968

Item	Campville		Eastridge		Valley's End	
	1964	1968	1964	1968	1964	1968
Percent of population not in school	73.7	61.2	51.8	74.0	69.9	67.6
Percent of adults not in school (excluding children 5 and below)	68.1	68.5	63.8	69.0	66.9	59.0
Percent of adults not in school (excluding children 16 or below)	90.8	89.4	87.1	69.0	92.8	59.0
Average education in years of total population (excluding preschool children)	7.0	7.7	6.1	6.1	6.7	7.1
Average education in years of the population not in school	7.4	8.1	7.8	6.7	7.7	8.1

SOURCE: Household interviews conducted by the Appalachian Center in the communities in 1964 and 1968.

Employment

Measured by almost every accepted standard, West Virginia is a poor state. Although one must guard against simplistic analyses of this complex problem, it would be safe to conclude that much of the poverty among West Virginia families is directly related to a dearth of employment opportunities, hard-core unemployment, and low rates of labor force participation, especially for women (particularly married ones).

During the decade of the sixties, only the more populous, progressive and industrialized counties in the State experienced growth in employment opportunities near the national average. Employment opportunities in the smaller, remote rural counties remained for the most part little changed and in some cases even diminished during this period.

Official unemployment rates in the United States, excessively high during the first half-decade of the 1960's and above full employment levels (as defined by more liberal economists) during the last half of the decade, were still quite low compared to unemployment rates prevailing in West Virginia's counties at that time. Almost without exception the unemployment rates in each of the counties was two to four times the national averages during the years 1960-1968. During this time almost every county in West Virginia was classified as an economically distressed area by the U.S. Departments of Commerce and Labor.[11]

The effects are evident and far-reaching in the general attitudes of the people and in their decisions to search elsewhere for job opportunities. The large emigration of West Virginians to other states is, of course, symptomatic of the employment problems which plague the State and dampen the enthusiasm of its young and better-educated people.

Although the problems of unemployment in West Virginia do not seem as serious now as during the early sixties, the official unemployment rates are still substantially above the national average in several counties of the State.[12] Furthermore, there are those who

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[11]When the Area Redevelopment Act was passed by Congress in May 1961, fifty-one of West Virginia's fifty-five counties were classified as depressed areas with substantial and/or persistent unemployment. This is noted in Gerald G. Somers (ed.), *Retraining the Unemployed* (Madison: University of Wisconsin Press, 1968), p. 20. This book is primarily concerned with problems of unemployment and manpower retraining in West Virginia in the early 1960's.

[12]West Virginia's official unemployment rate fell from about 12 percent in 1960 to 6.4 percent in 1968. In several southern West Virginia counties in 1960, the rates of unemployment exceeded 25 percent. By 1968 these extremely high rates had been reduced by 40 to 60 percent. *West Virginia Employment Trends*, July 1969, and *Statistical Handbook, RS Series* 106 (Volumes 2, 3, 4), 108, 110 and 114, West Virginia Department of Employment Security, Charleston, West Virginia.

have recently questioned the validity of the official unemployment rates and, after carrying out pilot studies in selected counties, feel that the *official* rate understates the *actual* rate by 50 to 60 percent.[13] Be that as it may, available evidence indicates that the problems of unemployment and underemployment impact more heavily on the predominantly rural nonfarm counties of Appalachia. For numerous reasons, low wage rates and low rates of labor force participation (for both sexes, but especially for women) are also most likely to be concentrated in these rural nonfarm counties. The relationship between poverty and the low levels of labor force participation of the population has been noted by manpower researchers well acquainted with the problems of the Appalachian Region.

Since the pilot project communities were located in three predominantly rural nonfarm West Virginia counties, one would assume that the low income levels of the people are closely related to the factors discussed in the preceding paragraphs.

The data presented in Tables 6 and 7 would seem to support the validity of this assumption. In these communities, as in many similar rural communities of West Virginia with little growth potential, most of the poor are those who are working full time for low wages at unskilled jobs. The problem is further compounded by the absence of a second family worker and excessive and long-term unemployment (see Tables 6 and 7).

For example, in 1964 at least 51 percent of the adult members of households in all three communities were employed full time (fifty to fifty-two weeks), and in one of the communities (Eastridge) 67.6 percent of the adult members of households were employed full time. Severe underemployment (part-time and seasonal unemployment) was most problematic in Valley's End with 27 percent of the adult members of households being employed from one to twenty-four weeks (see Table 6). Our data show that without exception the adult members of the communities were more successful in obtaining full-time employment in 1968. Although somewhat less severe, the problem of underemployment was still serious in the three project communities.[14]

In summary, analysis of the data compiled from household surveys conducted in each of the three communities in 1964 and 1968 indicates that the residents of the communities are largely semi-skilled or unskilled, working a relatively short work week for

[13] See *State Plan*, the report of West Virginia's Cooperative Area Manpower Planning System Committee for fiscal year 1969, pp. 8-9. The data presented there are based on surveys conducted by West Virginia's Department of Employment Security in Charleston.

[14] More than 20 percent of the employed labor force of Campville is engaged in part-time or seasonal work. Seasonal and part-time employment are somewhat less significant in the communities of Eastridge and Valley's End. (Data compiled from household surveys of the three communities by the Appalachian Center at West Virginia University.)

TABLE 6

Number of Weeks Worked Last Year by Adult Members of Households (Sixteen years and over) in Campville, Eastridge, and Valley's End, West Virginia, September 1964

Number of Weeks Worked	Households					
	Campville		Eastridge		Valley's End	
	Number	Percent	Number	Percent	Number	Percent
50 - 52	27	52.9	25	67.6	19	51.4
25 - 49	19	37.3	7	18.9	8	21.6
1 - 24	5	9.8	5	13.5	10	27.0
Total	51	100.0	37	100.0	37	100.0
No answer	20		2		2	

SOURCE: Household surveys conducted by the Appalachian Center in the communities in 1964.

TABLE 7

Labor Force Participation, Unemployment and Employment Rates for Campville, Eastridge, and Valley's End, West Virginia, 1964 and 1968

Item	Campville		Eastridge		Valley's End	
	1964	1968	1964	1968	1964	1968
Percent of population not in labor force	35.8	74.7	30.6	44.0	69.9	72.3
Percent of adults not in labor force (excludes children less than 16 years)	56.3	63.1	51.5	73.9	43.7	59.8
Percent of adults in labor force	43.7	36.9	48.4	26.1	56.3	40.2
Percent of adults in labor force but unemployed	34.2	13.5	14.3	27.8	4.1	0.0
Percent of adults in labor force and employed	65.8	86.5	85.7	72.2	95.9	100.0

SOURCE: Household surveys conducted by the Appalachian Center in the communities in 1964 and 1968.

comparatively low wages. These problems are further compounded by the low rates of participation in the labor force and the absence from the households of a second wage earner who could supplement family income.

Income

Income, particularly per capita income, is one of the most important variables in the standard of living index. In fact, income is often the only factor considered in the determination of the percent of the population that is poor. Measured by income and/or a battery of other criteria, most of the households in the project communities fall into the poverty category.

In 1964 two of the three communities had average household incomes of about $2800. Household income in the third community (Campville) was nearly $200 less (see Table 8). With 67 percent of its households having annual incomes below $3000, Eastridge was perhaps the most impoverished of the three communities, followed by Campville (59 percent) and Valley's End (49 percent) (see Table 9).

Poverty is a complex phenomenon and one must guard against oversimplification in studying the problems of the poor. However, it seems safe to conclude that one of the principal reasons families are poor (excluding for the moment age, disability, and unemployment) is because the head of the household or some other adult member of the household is unable to obtain a job that is income elastic — in other words, a job where income expands with the expansion of the economy. Consequently, large numbers of the working poor remain poor (and even grow poorer relative to the general population) because they are stuck in dead-end, low paying jobs where wage increases seldom occur, while inflation takes an increasingly large share of their already meager take home pay.

This would seem to be the case in the three communities. During the years 1964-1968, a period of general economic prosperity and rapidly expanding incomes in the United States, there was little change in the economic conditions of the communities. With over 52 percent of the households in the three communities having incomes below $3000 in 1966,[15] it appeared certain that the benefits of a rich and prosperous nation had not "trickled down" to these and other similar communities in Appalachia.

Finally, it is important to note that although wages and salaries remain the predominant sources of income for the communities (and,

[15]See Chick, Jarvis-Eckert, and Flora, "Health Profiles —", *op. cit.*, Table 5, p. 15. Valley's End was the only community in the Special Needs Project with significant growth in household incomes in 1964-1968. In 1968 average annual income in this community was $4900 compared to $2800 in 1964. Our data might well overstate the real change, but this finding is not inconsistent with our other conclusions about the communities.

TABLE 8

Average Annual Income and Average Monthly Income for Campville, Eastridge, and Valley's End, West Virginia, 1964 and 1968

Income	Campville		Eastridge		Valley's End	
	1964	1968	1964	1968	1964	1968
Average income per month per household	$ 217.47	$ 271.04	$ 237.45	$ 261.17	$ 236.92	$ 408.94
Average income per year per household	2610.00	3252.00	2849.40	3134.00	2843.05	4907.25

SOURCE: Household surveys conducted by the Appalachian Center in the communities in 1964 and 1968.

TABLE 9

Distribution of Total Household Income Before Taxes for 1963 for Campville, Eastridge, and Valley's End, West Virginia, September 1964

Income Group	Households						
	Campville		Eastridge		Valley's End		United States
	Number	Percent	Number	Percent	Number	Percent	Percent
Less than $500	4	5.9	3	7.7	7	18.9	-----
$ 500 - $ 999	14	20.6	3	7.7	4	10.8	5.6
$ 1,000 - $1,999	17	25.0	13	33.4	4	10.8	7.5
$ 2,000 - $2,999	5	7.4	7	17.9	3	8.2	8.2
$ 3,000 - $4,999	15	22.1	6	15.4	10	27.0	20.5
$ 5,000 - $6,999	10	14.6	3	7.7	7	18.9	23.0
$ 7,000 - $9,999	2	2.9	2	5.1	2	5.4	20.0
$10,000 and over	1	1.5	2	5.1	0	0.0	15.1
Total reporting income	68	100.0	39	100.0	37	100.00	100.0
No response	3		0		2		

SOURCE: Household surveys conducted by the Appalachian Center in the communities in 1964.

indeed, the nation), social security benefits, pensions, and welfare payments are playing increasingly important roles in the economic and social lives of the people in these and other communities of the United States (see Table 10).

Existence of Community in the Three Areas

Throughout this report Campville, Eastridge, and Valley's End are referred to as "communities." However, as will be shown in the chapters which follow, many of the project activities explicitly or implicitly were designed to help the people in the areas function, perhaps for the first time, on a "community" basis. In other words, although the people in the three areas resided close together physically, they apparently lacked the other characteristics of "community" in the sociological sense of that term which typically is defined as:

> A community is an inclusive group with two chief characteristics: (1) within it the individual can have most of the experiences and conduct most of the activities that are important to him; (2) it is bound together by a shared sense of belonging and by the feeling among its members that the group defines for them their distinctive identity. Theoretically, the member of a community lives his whole life within it; he feels a sense of kinship with others who belong to it; and he accepts the community much as he accepts his own name and family membership.[16]

At the beginning of the project, according to the project staff, the families in the three areas were isolated not only from the outside world but also from each other.

In all probability, the extent of group attachment described by the term "community" is based in part on the extent of economic interdependence. In other words, the acceptance of norms which closely regulate behavior and produce lasting relationships and deeply felt responsibilities can be the result of economic rewards to be had from such acceptance. Moreover, individual and family economic returns can be an interdependent part of a system which determines a "community's" economic returns, in which case the individual's and family's economic rewards vary in proportion to the total community's economic rewards. Thus, the people in a community may be bound together by economic self-interest, the realization and maintenance of which force social interaction and facilitate community action.

[16] Leonard Broom and Philip Selznick, *Sociology*, Third Edition (New York: Harper and Row, 1963), p. 31.

TABLE 10

Average Monthly Income by Source for Campville, Eastridge, and Valley's End, West Virginia, 1964 and 1968

Average Monthly Income by Source	Campville		Eastridge		Valley's End	
	1964	1968	1964	1968	1964	1968
Wage and salary	$334.56	$314.35	$343.00	$346.38	$261.55	$349.07
Social security	105.73	121.04	94.00	96.00	106.30	156.13
Pension	98.14	103.09	109.00	64.33	72.00	123.33
Royalties, interest and rent	20.00	0.00	31.00	65.00	23.30	0.00
Public welfare systems						
A T B	0.00	0.00	51.00	0.00	0.00	0.00
A D C	69.00	74.00	0.00	213.00	0.00	91.33
O A A	30.00	46.57	0.00	0.00	64.67	30.00
A F D C U	115.00	168.50	122.50	151.00	127.00	0.00
D P A	69.33	81.50	0.00	0.00	41.00	0.00
Unemployment compensation	--	0.00	69.00	72.50	0.00	0.00
No response	--	--	--	7.69%	--	--

SOURCE: Household surveys conducted by the Appalachian Center in the communities in 1964 and 1968.

Clearly, as shown above in this chapter, the people of Eastridge, Campville and Valley's End do not share economic interdependence to the degree which usually is attained in the typical small rural community in the United States. Such economic interdependence as is found is exploitative in nature, such as in the cases of the general stores or transportation arrangements, hardly the type of interdependence which would be productive of community solidarity. Indeed, the opposite result could be expected.

Based on this reasoning, it would appear that one of the alternative strategies upon which the project's community development activities could have been based would have been that of efforts to create economic interdependence. Instead, as will be described, project components which emphasized the construction of "community" tended to give insufficient recognition to the economic basis upon which communities may be built. Admittedly, such a strategy would have been most difficult to carry out given the limited dollar resources available to the project staff.

CHAPTER THREE

The Early Childhood Education Program

Introduction

Research has demonstrated that the earliest years of childhood — from the ages of two through five — are the most important in a child's physical and mental development.[1] Moreover, it is known that to maximize development early childhood education programs are superior to remedial assistance provided later in a person's life.[2] Despite these facts, a number of states with concentrations of low-income rural families, including West Virginia, do not have statewide public kindergartens,[3] even though a 1960 report by the Bureau of the Census contained the information that almost 50 percent more rural farm and nonfarm eight-year-olds were scholastically retarded than their urban counterparts.[4]

Not only does West Virginia lack a statewide kindergarten program, it has comparatively few private programs. The U. S. Office of Education reported that in 1966-67 only one county school system in the State offered a kindergarten program.[5] Needless to say, none of the three communities selected for participation in the pilot project had one.

Thus, after much discussion as to how the project should begin to function in the communities, it was decided to begin with an early childhood education program for three- to five-year-olds offered in

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[1] See, for example, Benjamin S. Bloom, Allison Davis, and Robert Hess, *Compensatory Education for Cultural Deprivation* (Chicago: Department of Education, University of Chicago, 1965).

[2] Barbara Casey, "Early Childhood Education: A Priority Need," *Appalachia*, II (November, 1968), p. 18.

[3] As this publication was being prepared for printing, a measure was passed by the West Virginia Legislature and signed into law by the governor providing for a statewide program of early childhood education for children of five years of age to take effect by the school year 1972-73. The counties may also establish early childhood education programs for children under age five if they desire to do so.

[4] Education Advisory Committee, Appalachian Regional Commission, "Early Childhood Education for Appalachia," (Washington, D.C.: Appalachian Regional Commission, n.d), mimeo, p. 8.

[5] *Ibid*, p. 47.

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"experience centers."[6] According to those who designed the program, the term "experience center" was used to differentiate this program for children from low-income families from traditional kindergarten programs. The needs of the low-income children were expected to be somewhat different from those of children from the average middle-class home, and consequently the purposes of the program were to be different. The expected unique needs of the youth in the test communities are illustrated by James Ogletree's description of many disadvantaged Appalachian children:

> Comparatively, many if not most of the young in Appalachia have been physically and psychologically isolated from the type of normal educational and cultural opportunities available to most of our children. Not only are their communities culturally deprived, but also the homes of many of these youngsters are devoid of even those things typically associated with *the* American home.[7]

The early childhood education program was to be designed so as to provide the children of the communities with opportunities to learn some of the skills which middle-class children learn as a matter of course. Specifically, the intent was to provide the experiences which would better prepare the children for handling the intellectual and emotional requirements of first grade learning tasks. Furthermore, it was hoped that the experience centers would serve as a bridge for the children between the security of the home and the new and perhaps strange surroundings of the public school classroom.

In the past, entering the first grade had been many of the low-income children's first venture out of the protective orbit of their homes. As one county agent who had lived for years in Appalachia and had taught in the public schools put it:

> Among the disadvantaged of Appalachia the child is almost never separated from his mother. From the time he is born to the time he goes to school, wherever mommy goes he goes, and the more isolated the people are and the

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[6] Both University Extension and Federal Extension Staff were included in the discussions. Interestingly, the early childhood education program was designed and in operation before the Headstart program, and although there were differences in the approaches used in the experience centers and Headstart, some people have referred to the experience center activities as "Headstart Before Headstart."

[7] James R. Ogletree, *Appalachian Schools — A Case of Consistency*, Extension Reader Series, No. 179 (Morgantown, West Virginia: Appalachian Center, West Virginia University, 1968), p. 5.

> more disadvantaged they are, the more the child is isolated. Because if you go further and further up a hollow it costs less and less to own land or rent a place, and out on the ridge the same thing applies. So the more isolated they are the more apt you are to have the mother and child extremely close. Then suddenly you take this type of youngster, put him in the first grade and bus him off to a consolidated school. He is put in a strange room with a strange grown-up and a lot of strange children. And he is terrified.

The preschool experiences were intended to provide the children with the self-assurance which would come with participation in a formal group, and with the personal habits and interpersonal skills which first grade teachers tend to expect in their pupils. In part, these aims were directed at helping the children acquire the appropriate traits that could ease their acceptance into schools which presumably reflected a middle-class value system.

The potential value of a program that could facilitate the adjustment of the children of the test communities to the public schools of the area was demonstrated convincingly by information collected concerning the intelligence of the children. This information was generated by a program of intelligence testing administered in conjunction with the opening of the experience centers by a clinical psychologist and a team of graduate students from West Virginia University's Department of Psychology.

A total of thirty-six children from the three communities was tested, representing approximately 65 percent of all the eligible three- to five-year-olds.[8] The results indicated that the children as a group fell well within the normal range of intelligence. For example, in Campville, of sixteen children tested, three were considered "superior," two "bright," one was "average or better," five were "average," two were "low average," and one "borderline to slow." Thus, the low levels of educational attainment in the communities could not easily be explained by reference to any lack of potential to learn among the children. Rather, the problem must have resided in the children's adjustment to the schools or the schools' acceptance of the children, or both.

The early childhood education program was designed with the expectation that the regular county Extension staff would organize the centers. The teaching itself was to be done by a female member of each county staff who would be provided with training, a curriculum, and instructional materials. In only one county did the

[8] Of those eligible children who were not tested, some were not enrolled in the early childhood education program and others were not available for testing because of illness, transportation problems, or refusal of mother.

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staff member chosen for the teaching role have previous teaching experience. From this it is clear that the centers were not intended to serve as substitutes for a formal kindergarten but rather, as they were quite accurately described, as centers for the acquisition of new experience. The long-run hope was to organize the parents and involve them in the operation of the centers in order that they might become community-run enterprises, from which the Extension Service could for the most part ultimately withdraw.

Establishing the Early Childhood Education Program

The establishment of experience centers for the young children of the communities seemed to the project staff to be not only a vital program thrust but also a natural way to begin the activities of the project. All of the communities had a number of preschool age children, and it was hypothesized that adults would more readily respond to opportunities for their children than for themselves.[9] In addition, the initial survey conducted in the three areas revealed a high degree of adult support for preschool activity: fully 90 percent of the families indicated an interest in these activities; and 71 percent indicated their willingness to assist in the conduct of an early childhood education program.

During home visits, the proposed experience centers were described in terms analogous to a popular morning kindergarten-type television program. In two communities the people reacted enthusiastically. In the third community, however, the attitude of the residents might better be described as one of quiet acceptance. Later, when the activities actually began at the experience center in the third community, the residents expressed pleased surprise. The project staff explained this in terms of the timing of the presentation of the proposal. The first two communities were approached earlier in the year, whereas the third community was approached in the autumn near election time. It is believed that the third community's residents initially thought that the experience center was just one

[9] In retrospect there are still other logical reasons for having begun the project with an early childhood education program. The adults could have recognized programs aimed at them as *both* opportunities and threats to their social positions in the communities, with the former cancelling the latter. Preschool children, however, have a more amorphous social position and, thus, could be encouraged by parents to experiment. Indeed, as will be shown below, even parents could be drawn into experimentation when such was presented in terms of the children's needs for new opportunities. Furthermore, it appears that beginning the project with preschool youth activity was even more effective than would have been starting with older children. For example, during a different program designed for older children in the Charleston area (Action for Appalachian Youth) it took the staff's community workers one year to establish rapport in the communities before they were able to present active programs which drew response. Apparently because of the natural appeal of the early childhood education program in the three communities, response from the community residents was evident within several months of the project's date of funding.

more political promise made by local politicians. Skepticism of this type can be quite strong among certain of the poor of Appalachia who tend to be controlled by, and to some extent dependent upon, the political power structures of their counties. If the explanation is correct, it may suggest that the disadvantaged might have difficulty in identifying genuine opportunity.

Following the administration of the benchmark questionnaire and the accompanying home visits described in Chapter One, the first challenge to be met was finding appropriate physical facilities within the communities to house the experience centers.

Through the efforts of the county agents, churches were located in Eastridge and Campville and their Sunday School rooms were made available for use as experience centers. In both situations the leaders of the churches had to be convinced that the early childhood education program would not be "of a worldly nature." When they were assured that the program would benefit the children of the community and would not be "worldly," they consented to the use of their facilities.

However, problems were later encountered in the day-to-day operations of the centers when various situations arose that the church leaders considered worldly, such as playing a phonograph for the children, using a sewing machine when the mothers wanted to assemble stuffed animals, and allowing singing-dancing games. In both of these communities the churches eventually had to be given up as experience centers because of these problems.

In Valley's End, there were no public facilities suitable for a center. One of the area agents and the county agent made visits to some of the families during which they learned that there were three vacant homes in the community. When these were visited, it was found that two of these structures were unsuitable. The third, however, owned by a woman who had once lived in the community, could be used if some repairs and alterations were made.

After the project was explained to the owner, she readily consented to allow the staff to use the house and the adjacent twenty-eight acre farm for any project programs. As it turned out, this facility proved to be the most ideal of the facilities used for the early childhood education program. It existed as a community center for Valley's End throughout the time that the project was active in that community, serving as a neutral ground free of the controversy which the use of churches had provoked in the other communities.

While efforts were being made to locate physical facilities, a committee representing various disciplines of the University evaluated the needs of the early childhood education program. Representatives from Education, Home Economics, the School of Medicine, Recreation, and WVU Extension Specialists identified a number of areas deserving immediate attention, such as equipping

the centers, innoculations for the children, training of leaders, and the need for and use of volunteer workers. The committee also prepared a curriculum which guided the activity in the centers during the first weeks of the program, even though later the project staff found it desirable to develop a curriculum based on the circumstances they encountered in their work.

The innoculations were of vital concern because most of the children had not previously received the necessary shots. Through efforts of the county Extension staffs the full cooperation of the three county health departments was obtained. Two of them agreed to provide the innoculations at clinics in the communities, while the residents of the third community were to be treated in the county health department office using transportation furnished by the Extension agents. Home visits were then made to each family having preschool age children to explain the arrangements which had been made, along with the need for them. All of the children in the early childhood education program were given the necessary innoculations as well as any needed vitamins and additional health care.

The agents who were to work in the early childhood education program felt that training sessions conducted by a kindergarten teacher would be helpful to them. Therefore, visits were made by the agents to two private kindergartens taught by certified teachers, and one of the teachers became the trainer for the agents. The conferences between the teacher and the agents were reported to be helpful in many ways, including the determination of which types of equipment would need to be acquired and which could be improvised.

Involvement of the Mothers

The early childhood education program began with training sessions for the mothers. A few days prior to the first scheduled session for the children, the mothers were asked to attend a meeting at the experience center in order to learn more about the program. When the meetings were held, the mothers were given a fairly detailed explanation of the value of learning experiences in the early years of childhood. The principal speaker during the meetings was the kindergarten teacher who earlier had worked with the agents.

The twelve women attending the first session held in Eastridge, were accompanied by their children, even though the children had not been specifically invited. (This tendency persisted throughout the project — the children always accompanied their mothers to meetings. They were never left at home or with a neighbor.) The staff responded by organizing a play period for the ten children in attendance, while the county 4-H agent and the trainer worked with the mothers. Indeed, the play period itself appears to have been

a valuable experience in terms of learning more about the children's characteristics. The staff member who supervised the period described this initial experience with the children in the following way:

> Shock is probably the best way to describe the feeling I had when I realized that the children had never played together as a group. Some of them would not talk; others just looked and watched. I'm sure I was the first person from outside of the community that had ever played with these children . . . Practically the entire time was spent trying to get the idea across that we had to take turns . . . I had a storybook which was not a popular item. The children had not been read to; therefore they did not *want* to be read to . . . I never took the children out of sight (window) or completely out of ear shot because (1) the mothers did not know me and (2) I wanted the children to know their mothers were close by.[10]

As the training session for the mothers moved to the other communities, changes were made in the presentation to the mothers in order to obtain more participation. The trainer sat informally with the group in the later sessions instead of standing as she had during the first session. Whether or not this was the reason, she received better response. Later it was found that this type of meeting was a new experience for these mothers. Even so, the women in all three areas were interested enough to ask questions and, according to the project staff, as the preschool program progressed it became evident that the training sessions for the mothers had been valuable.

The early childhood education program was designed to include the mothers as well as the children in what could be called a "dual laboratory" situation. Three reasons for including the mothers as an integral part of the sessions at the experience center were given: "(1) they would become aware of the changes and progress of their own children; (2) they would learn to help manage the center; and (3) they would acquire skills that are of value both to them and their community."[11]

From the first day of the program they were given responsibilities for taking care of the children's toilet time, handwashing, and snacks. However, it was found that demonstration

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[10] "Annual Narrative Report: May 15, 1964 through December 31, 1964," (Morgantown, West Virginia: Appalachian Center, West Virginia University, 1965), mimeo., pp. 10-11.

[11] Cooperative Extension Service, Appalachian Center, West Virginia University, "Report of First Year's Activities of the Pilot Project with Low Socio-Economic Families in Kanawha Area (Rural Non-Farm Families)," (Morgantown, West Virginia: Appalachian Center, West Virginia University, 1965), mimeo., p. 36.

and repetition of instructions were often necessary during the early days of the experience centers. As time went on, more responsibilities were given until certain of the mothers were able to assume some of the actual teaching responsibilities.

Originally it had been planned that the mothers would receive instruction in basic homemaking skills while the children were engaged in their educational activities. However, the project staff found that training of a more elementary nature would be necessary before homemaking skills could be considered. Some of the mothers had rather limited attention spans, others could not read, and some had never used such tools as scissors or needles. Because of the existence of these characteristics, the "dual laboratory" was a needed device. By having the mothers present when one of the agents taught the children, the mothers were able to learn certain basic conventions of interpersonal relations, personal health habits, and nutrition. Thus, the women were given the opportunity to acquire much new knowledge without ever having to admit in front of the agents and their children that they did not know these skills. Through this approach to instruction, potential threats to the self-esteem of the mothers were minimized.

Efforts were made to make the mothers feel that the centers could not operate without them. By the end of the fifth week most of the mothers had gained enough confidence to tell or read a story, sing or play with the children, and supervise a work-play period. However, they were still reluctant to assume the responsibility of supervising without the Extension agent present.

Program Scheduling and Attendance

In all three communities, the early childhood education program consisted of three sessions of two hours duration each per week. In both Campville and Eastridge the experience centers operated four months of the year, while in Valley's End the center was open throughout the duration of the regular public school year. Attendance ranged from an average of fifteen to twenty children per session in Campville, with sometimes as many as thirty in attendance there, to an average of eight to ten children per session in Eastridge and Valley's End. On the average, the number of children who were in attendance at these sessions comprised approximately 70 percent of the total number of three- to five-year-olds in the three communities. Although not all mothers attended the sessions, a majority attended on an occasional basis during the first months of the program. Subsequently, approximately five to ten mothers were involved on a regular basis in helping or teaching capacities in each of the three centers.

Obtaining Equipment

The experience centers began to operate initially with a minimum of equipment. Since many of the community residents had asked what they could contribute, lists of items found in the homes such as plastic bottles, bean bags, and scraps of wood to be used as building blocks were assembled. Some small pieces of equipment which could not be provided by the communities, such as scissors, paper, and crayons, were supplied by the Appalachian Center Area Office.

The large equipment needed for the experience centers, such as tables, stools, easels, and toys, was made by the men of the communities at workshops organized by the project staff. Home visits were made by male agents to the men and older boys to enlist their assistance. Lumber for the equipment was donated by local merchants, and some materials were provided by community residents. The workshops served the triple purpose of providing the centers with necessary equipment, involving the men of the communities in the Special Needs Project, and teaching the men to use various power tools that many of them hadn't used before. In addition, the men became better acquainted with the Extension agents involved in the project. According to the project staff, this was the first time that most of the men had worked together on a community project and, apparently, they were very proud of their finished products.

Classroom Activities and Curriculum

The lessons for the children were modified over time in order to match them with the children's achievement levels. Thus, the first lessons included the concepts of time ("now it is time to do . . ."), of sharing, of taking turns, and of listening. Later, in Campville, which had the largest daily attendance, the mothers suggested that the children be divided into two age groups because the women noticed that the interests of the older children were different from those of the younger. One of the mothers assumed the responsibility for teaching the children who were three and four years of age so that the Extension agent could work with the five- and six-year-old children.[12] Thus, the agent was able to assist these older children in reading and number readiness so that they would be better prepared for the first grade.

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[12] Although the program was designed for three- to five-year-olds, a few six-year-olds were included.

The basic curriculum which finally evolved stressed the children's self-expression and individual growth. Included among other things were experience with group activities, verbal comprehension and expression, self-expressive play, courtesy and manners, health and safety, concepts of time, sharing and taking turns, listening, and appreciation of music. The children were encouraged to relate stories, to play in various "interest centers" (e.g. music center, nature center, playhouse center, book center, art center), and to experiment with different types of art work.

As the early childhood education program progressed through the first year, the project staff concluded that the existing educational materials designed for use with children of this age were not adequate for teaching the children and mothers in the three communities. Therefore a manual was prepared that attempted to relate the children's learning experiences to the local cultures.[13] The manual, based on concepts that Extension personnel had learned in working with low-income communities, as well as on concepts from the more successful conventional classroom materials, apparently was a more effective teaching tool than what had been available previously.

Evaluation and Discussion of the Early Childhood Education Program

In addition to its contribution to the development of the children who participated, the early childhood education program was used by the project staff to enter into and become established in the communities. It, rather than some other program, was used for this purpose because of the belief that it would provide a strong incentive for the adults to participate in the project out of concern for their children's future. To all appearances, the home visits and later the children's and their parents' activities in, and on behalf of, the experience centers served that purpose rather well, thus making possible other program activities discussed in the next several chapters.

Information obtained from the project staff leads to the conclusion that the children made noticeable gains in a number of different areas as a result of their participation in the experience centers. One of the first concepts to which the children were introduced was that there is a certain time for certain activities, and the mothers reported that after their children had been exposed to this concept in the early childhood education program they could use

[13]See Appendix F for illustrative lessons taken from the manual prepared as part of the Special Needs Project.

it successfully at home. Many of the preschoolers were also observed practicing in the centers, in their homes, and elsewhere, the social conventions they had been taught.

The agents felt that all the children gained poise through the program. During the first sessions at the experience centers it was noted that the children lacked confidence and seemed dependent on their mothers, which could have been due to their previous lack of encounter with such situations. By the end of the first school year, it was reported that even the most timid children had adjusted to the early childhood education experience and were enjoying playing together. These children had also advanced in their ability to contribute to conversation and to relate ideas from stories that they had been told. They were also more inquisitive. Imagination and creativity, characteristics not highly developed at the start of the program, were displayed in their work and play periods.

All agents stated that the children learned to wash their hands before meals and after toilet time and, in general, improved their personal health habits. The mothers as well as the children gained much from the sessions devoted to learning about germs.

The mothers who participated in the early childhood education program seemed to benefit in a number of ways. When asked to comment on changes noticed in the mothers through conversation with them, one agent stated that the mothers were now able to "make intelligent, informed remarks on children, schooling, and related areas." Another stated that the mothers "are more aware that the everyday play activities of the preschool child are really learning experiences." It was also felt that many of the women gained new dignity and self-confidence, perhaps from the experience of relating to a woman of professional status. The latter observation may best be interpreted in the light of the status of women in the communities. In general, wives were subservient to husbands, and many were apparently not free to make their own decisions about their participation in programs outside the home. Thus, self-confidence was perhaps in need of improvement.

In one community, the early childhood education experience for the mothers carried over into two homes in the form of increased school attendance on the part of older children in the families.

The agents discussed the daily lessons with the mothers so that the learning experience for the children could be carried over to the homes. The link between the experience center and the home was critical to the program. It has been found, for example, that a significant problem "in educating children from deprived homes is the lack of continuity of educational experiences in the home and the school."[14] In the test communities, the limited skills of the mothers,

[14] United States National Advisory Commission on Rural Poverty, *The People Left Behind, A Report* (Washington, D.C.: U.S. Government Printing Office, 1967), p. 44.

which were described earlier, were a potentially serious limiting influence on their children's development.

As a result of the mothers' own narrow experience due to their social, economic, and geographical isolation, they were poorly equipped without additional learning to reinforce in the home the skills the children had tentatively acquired in the experience centers. Since the mothers themselves did not possess the verbal skills, the habits of cleanliness, and the knowledge of social conventions which the children were being taught, they could not have provided models for their children to emulate.

To generalize, it is almost certain that the same situation prevails in most isolated, disadvantaged homes. Thus, children from these homes cannot be expected to learn the basic skills and attitudes which would enable them to adapt and compete in the public schools. Programs that aim to assist children to succeed in school can be only partially effective if their influence is contradicted in the home. The inclusion of the mothers in the operation of the experience centers (which, it may be recalled, antedated the Headstart program) was soundly conceived and a positive achievement.

Teachers in two of the public schools serving the communities told Extension agents working with preschoolers that the children who had attended the experience centers prior to entering public school were superior to their other first-graders in both poise and performance.

For example, all of an initial group of twelve graduates from the Campville experience center were subsequently set apart as "superior learners" by their first grade teacher. However, a very real problem became apparent after the children who had participated in the early childhood education program began attending the area public schools. This problem was discussed in *The People Left Behind* in relation to the Headstart program, but it is just as applicable to the experience center program:

> The major problem with Operation Headstart and many other preschool programs is that they operate in large part outside of the mainstream of the education system. When the children leave these programs, however, they go into an elementary school system that does not provide for continuous development. In many rural areas, they go from the highly progressive learning environment of a Headstart program [or an experience center] to one that is traditional and restricted in terms of the development of the individual child.[15]

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[15] *Ibid.*

It is questionable whether the schools in these areas were capable of carrying on the necessary continuous effort required to further the progress begun in the experience centers. According to one authority, "To be truly effective in helping the disadvantaged child become an achiever, preschool programs designed to overcome the long-term effects of deprivation in the home must be followed by continuing efforts in later grades."[16] However, when the estimated current expenditures per enrolled pupil were calculated for the three county school systems in which the three test communities are located for the 1969-70 school year, the counties ranked forty-nine ($455), fifty-four ($415), and fifty-five ($404) among West Virginia's fifty-five counties. (The average expenditure in West Virginia is $527).[17] Nor does it appear that the situation will improve greatly unless a large amount of federal and/or state aid is made available to these communities, since they rank fifty-three, fifty-four, and fifty-five in personal income per pupil enrolled in elementary and secondary schools in 1969-70.[18] Thus, the effect of the early childhood educational experience on these children may be practically negated during their ensuing school years unless adequate funds are provided for progressive programs in the public schools.

The attitudes and preconceived expectations of certain public schoolteachers concerning the learning abilities of low-income children may also tend to counteract the positive influences of an early childhood education program. In one instance, for example, a child from Eastridge who had been judged by the project staff to be well prepared for the first grade was not promoted to the second grade because, in the words of his teacher, he was "too immature emotionally." Upon inquiry, a project staff member was told by the teacher, "Well, kids on the ridge have always stayed two years in my first grade." The staff member commented as follows:

> I don't know whether it is an achievement or not to get a child ready and then have something like that happen. The child is a potential dropout already. He probably will not go to school beyond age sixteen, if he goes that long. And it is not only the child who is hurt. The only way to reach the father of that child was through his children. We even got him to attend the PTA and become interested in keeping his kids in school. And then this type of situation occurs and we are set way back.

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[16] Casey, *op. cit.*, p. 18.

[17] West Virginia Education Association, Research Division, *Rankings of the Counties, 1970* (Charleston, West Virginia: West Virginia Education Association, 1970), p. 36.

[18] *Ibid.*, p. 29.

In the light of such circumstances it seems an inescapable conclusion that no matter how well designed or effective, the ultimate success of an early childhood education program will be limited by barriers which exist within the structure of the public schools.

In retrospect, conformity to middle-class expectations seems to have been stressed in the experience centers. Judging by the situation described above, the project staff cannot be faulted for advocating adherence to middle-class standards when the teachers employed in these county school systems will often judge a child, consciously or unconsciously, on the basis of whether he adheres to such forms of address as "Yes, Ma'am" and uses "please" and "thank you." It is recognized that these standards are foreign to the culture of the low-income children. Although it could be argued that the experience centers should not have imposed these values on the children, apparently they need to be taught middle-class forms if they are to have a chance of succeeding under present school conditions.

A number of problems hampered the operations of the experience centers. Many people were interested in seeing this unique project in operation, and thus the community experience centers had numerous visitors during their daily routines. The large number of visitors disrupted established classroom routines and made adjustments difficult. Visitors could have been beneficial if fewer in number, as they would have taught the children and women to adjust to new people from outside the community. It is recommended that in future programs of this nature the number of visitors be limited, and that before entering the communities all receive some instruction concerning the special problems faced by low-income families.

All of the agents involved with the experience centers mentioned lack of transportation for the participants as a problem. Some of the mothers and children had to walk from one-half to one mile to reach the centers. In some seasons they faced rain and mud; in cold weather they faced not only the snow but also the additional problem of lack of adequate clothing. Some of the children wore lightweight coats all winter while others had only canvas shoes and no boots.

When transportation was provided, attendance at the centers showed a marked increase. Moreover, even if the mothers couldn't attend because of younger children at home, they sent their three-to-five-year-olds when transportation was arranged for them. However, it was not always possible to provide this for all the children and mothers who wished to attend the centers.

A related problem was that the community residents were not covered by any insurance while riding in a state-owned automobile or the Jeep purchased for use in the project. The agents found that the only solution to this situation was to use their private automobiles and cover themselves with large amounts of liability insurance.

The project deliberately had been set up to use a minimum of funds in operating the centers in order to provide other low-income communities in the State and elsewhere with a model of what could be accomplished in their own communities. However, this may have been a principal weakness of the early childhood education program. Some of the professional staff members stated that they felt that more funds could have been used for such supplies as books, crayons, and scissors.

One agent felt that it would have been helpful to have enough of these supplies so that the children could borrow them from the center. She had suggested to the children that they take an additional picture home to color, and they told her that they didn't have anything at home with which to color pictures. Often the agents took their own money to purchase what they thought was needed. When they did make out a requisition form for necessary items, they frequently found that by the time they received the supplies they no longer had any need for them.

Limited resources also made it necessary to use physical facilities which weren't ideal and, thus, the program demonstrated the need for utilizing (in the future) "neutral ground" experience centers. In one community, which had more than one church, there was some question among the residents concerning the propriety of entering a church other than one's own for any type of activity. In another community, which had only one church, the residents were firmly divided into groups of members and non-members, and using the church slowed work with the non-members. In addition, there was the problem of church leaders being displeased with experience center activities which they considered too "worldly."

The major problem experienced in the early childhood education program was the inability of the women of the communities to continue to operate the experience centers without the presence of an Extension agent. The early childhood education program was headed by the agents working with the communities during most of 1965. During the latter part of that year, VISTA workers were introduced into Eastridge and Valley's End, and in these two communities they gradually took over the teaching at the experience centers. The 4-H agent continued the work in Campville.

By the end of 1966 all of the experience centers had ceased to operate. In Campville, the church which had been used during the first year of activities was no longer available for the project because the church leaders considered many of the experience center's activities too "worldly." When another church located immediately outside of the test area offered the use of its facilities, the agents visited the homes and conducted training sessions for the mothers. It was explained to the mothers that the agent who had worked closely with the early childhood education program would no longer be able

to devote as much time to the experience center, and the mothers would have to assume this responsibility if the program was to continue. However, after about two weeks of operation some discipline problems arose, and the mothers decided that they needed someone in authority (the Extension agent) in attendance each day. They concluded that they could not continue the program without this support.

In Valley's End, relatively few mothers assisted with the program by 1966, although they did send their children, particularly if transportation was provided. While this was problematic in itself, another factor in the community leading to cessation of the early childhood education program was a lack of staff continuity because of many changes in personnel among the people responsible for the experience center. One Extension agent returned to school, one new agent had been hired, and two different sets of VISTA workers had been in the community.

Eastridge's program during the first half of 1966 was quite successful. The VISTA workers assigned to that community took complete charge of the activities at the experience center and received excellent cooperation from a group of mothers. According to the project staff, the VISTA workers were personable and enthusiastic, and with their involvement in the early childhood education program the Extension agent was able to withdraw. The VISTAs made many home visits in addition to supplying transportation for the children and mothers. The project staff felt that the male VISTA worker made a significant contribution through his involvement in the experience center activities, inasmuch as a number of the children had had little experience at home of having an adult male read to them and play with them. Unfortunately, the VISTA workers left the community in June.

In the fall of 1966, after the residents inquired about when the experience center would again be opened, the agents attempted to place the responsibility for the early childhood education program on the mothers. One particularly interested woman, the Sunday School teacher of the preschoolers in the community church, agreed to arrange a meeting with the mothers, provided that the Extension agent was present. The women attending the meeting expressed their support for the program, and divided the various experience center responsibilities among themselves.

During the first week of the experience center sessions the agent and the mothers made plans for the days that the agent would not be able to be with them. By the end of the fourth week, the decision was made to close the center. Attendance was sporadic among the children, and only two of the mothers were fulfilling their obligations with any regularity. These two were quite discouraged about the situation.

In assessing the reasons for the failure of the experience centers to continue to operate, one possible explanation is that, contrary to the belief of the Extension personnel, the mothers were not yet at the point where they could or would assume the necessary amount of responsibility for the total operation of the centers. Apparently, as long as a figure of authority — one of the agents or VISTA workers — was present, the mothers were able to shoulder some of the responsibility. But when this support was withdrawn, they were unable to function in that role.

It is possible that part of the problem was that working in the centers was the first experience for these women in working together as a more-or-less formal group.[19] Also, because working in a group situation was new to them, they lacked experience with the patterns of leadership assumption and delegation of responsibilities that middle-class persons automatically expect in group activities. The women might have resented any assumption of leadership activity on the part of one mother as an attempt to "take over" the early childhood education program.

Another factor which might have contributed to the cessation of the program is that perhaps the parents of the children attending the experience centers did not have as much respect for a member of their own community acting as the "teacher" in the program as they had for the professional staff that came from outside of their community. This could have accounted for some of the sporadic attendance after the mothers began to operate the centers.

Although there were problems associated with the operation of the experience centers, the interviews conducted with the staff members who participated in the Special Needs Project indicated that almost all of them felt that the early childhood education program was one of the most important achievements of the project.

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[19] For a discussion of the Appalachian Highlander's value of individualism (as opposed to group activity), see Bruce John, *Appalachia — Problems and Solutions*, Extension Reader Series, No. 93 (Morgantown, West Virginia: Appalachian Center, West Virginia University, n.d.), pp. 3-4.

CHAPTER FOUR

The Health Program

Introduction

In spite of impressive growth in expenditures for health services[1] and employment of health care manpower[2] in recent years, there is a national crisis in the health and medical services industry in the United States. Medical services are both extremely expensive and largely unavailable to certain parts of the nation and certain socio-economic groups. To those fortunate enough to afford adequate medical care, the hours spent in the waiting rooms of doctors and in hospitals are exhausting, discouraging, and perhaps unhealthy as well. To those who cannot afford medical care there seem to be two viable alternatives: a national low cost, or free, health care system similar to the federally supported medicaid program available to welfare recipients in some states; and preventive medical programs.

Most of the major social and economic problems of contemporary society impact most heavily on the central cities and the isolated rural or rural nonfarm communities. Health care is no exception. However, the nature of the health care problems does differ somewhat. In the central cities and the crowded urban areas the problem is reflective of one of the diseases of the cities — too many people pressing too heavily on available services. Health service facilities and personnel are literally smothered by the crush of people seeking medical care. The problem is primarily (though not entirely) one of availability, not of accessibility. For the poor in the rural areas, however, the problem of adequate health care more often is one of availability *and* accessiblility.

In rural areas (especially the rural nonfarm, hollow and ridge communities of Appalachia, which includes all of West Virginia), inferior health services are directly related to the lack of investment in health care programs and the inability (or unwillingness) to develop an effective, workable delivery system for medical services. Consequently, in the rural nonfarm areas, both those with the ability to purchase health care and poor residents who cannot afford medical assistance are often in similar situations. For the poor in the

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[1] Richard Auster, Irving Levenson, and Deborah Sarachek, "The Production of Health, An Exploratory Study", *Journal of Human Resources*, IV (Fall, 1969), p.412.

[2] Ronald Anderson and Odin W. Anderson, *A Decade of Health Services: Social Survey Trends in Use and Expenditures* (Chicago: University of Chicago Press, 1967), p.3.

rural nonfarm hollow communities of West Virginia, health care is often both a luxury and a financial burden when it is accessible and available.

There are a number of reasons why it is very important to look further at the special problems of providing health and medical services to rural nonfarm areas (especially to their low-income populations).

First, there are special and unique problems in developing a system of health care that will adequately meet the needs of this segment of our population in both the short and the long run. Second, the crush of population on the already overcrowded urban areas necessitates a consideration of the benefits and costs of stabilizing the population in rural areas. Third, there will always be a large number of persons residing in rural and rural nonfarm areas (even if more consolidation and regionalization policies are incorporated into community development strategies), and the health and welfare of the nation demands that they receive adequate health services. Fourth, it is economically, socially, politically and technically possible, and since health ranks high on our list of natural priorities, it is also desirable.

It was out of consideration of the need both for better health care in the three communities and better understanding of approaches which might contribute to improved levels of health in rural areas that a health and medical services program was included in the West Virginia pilot project. This chapter describes and evaluates the health program.

Background of the Health Program

Although the possibility of including a health program, perhaps in the form of free medical exams for the residents of the three communities, was considered during initial planning stages of the West Virginia project, it was not until the project had been underway for approximately a year that specific efforts were begun to develop a program in health. Perhaps the major influence which lead to the actual "take off" of the health care program was the interest and support of the West Virginia University Medical Center.

Staff of the University's Medical Center had been interested in the health problems and conditions of rural Appalachian hollow communities for some time. In fact, some of them had attempted to carry out a project to determine the health and medical problems of the rural poor in West Virginia prior to contacting the Director of the Special Needs Project. This effort was productive of little success because of lack of community interest and participation. Being aware of the project, in June 1965, while long-range project plans were still

being developed, one of them met with the project's director and staff members to discuss how the two projects might complement each other.

Essentially the Medical Center staff wanted to attempt a program which included: a health survey in all three communities carried out by medical students; comprehensive physical examinations of the communities' residents performed by a team of faculty and medical, dental, nursing, and medical technology students; follow-up consultations and referrals; and a comparative analysis of health survey and physical examination data and interpretation and publication of the findings. Since the ultimate purpose of the program was the development of more effective health services for the rural poor, the decision was made to incorporate the Medical Center's plan into the Special Needs Project.

The WVU Medical Center Health Survey

There were three important reasons for conducting a medical survey. First, there was little information available on the health status of rural Appalachian people, especially those in hollow and ridge communities. Second, the survey would enable physicians, dentists, nurses and paramedical groups to familiarize themselves with social and economic conditions which might be associated with health problems of the region. Third, the data compiled from the health survey would provide the basis both for planning the specific health program in the three communities and for future planning of similar programs by the University's Medical Center and other organizations.

Prior to the initiation of the WVU Medical Center health survey, the project staff contacted families in the three study communities in order to explain the nature of the survey and to urge their fullest cooperation in the effort. In addition, families were urged to have every member participate in the program of free physical examinations, which were to be conducted shortly after the completion of the health survey. Staff from the WVU Medical Center also toured the communities and were introduced to strategic families prior to beginning the survey.

The house-to-house medical survey was conducted by two senior medical students using a formal interview schedule (questionnaire) prepared by WVU Medical Center staff.[3] Approximately ten days were spent in each community interviewing an adult member of each household (usually the mother). Several types of information were

[3]The items contained in the schedule are in Appendix B.

collected, including data on family origin, residential histories, sanitation, illness and immunization histories, medical services utilization histories, and methods of payment for medical care.

That project staff members from the Appalachian Center were successful in preparing the residents of the communities for the health survey (and the physical examinations which followed) is attested by the 100 percent participation of the families in the survey in the three communities.[4]

Comprehensive Physical Examinations of Community Residents

While the health survey was a useful technique for learning more about the health conditions and problems in the communities, the data it generated, by themselves, were considered inadequate and unreliable without verification through follow-up examinations. Accordingly, provision was made to conduct physical examinations. Moreover, the decision was made to conduct them in the three communities even though available facilities were considerably less than ideal. There were three reasons for this.

First, it was thought that the people would be more likely to take part in the examinations if they were done in the friendly, familiar home environment. Second, it was believed that the residents would be encouraged to participate if they had a hand in planning and conducting the examinations to the extent which would be necessary if they provided the facilities. Finally, the Medical Center staff was of the opinion that it would benefit from becoming better acquainted with the people in the context of their home environment.[5]

Although the residents of the communities weren't as receptive to this phase of the West Virginia Medical Center activity as to the less threatening and less personally demanding personal interview, 307 of 516 (60.2 percent) people volunteered to be examined.[6]

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[4] The significance of the project staff's activity in preparing the people of the communities for the Medical Center study should not be overlooked. As indicated, prior efforts by the Medical Center to carry out this type of project in other rural West Virginia communities had encountered difficulties. One of the reports prepared by several Medical Center staff members acknowledged the importance of the grass roots work done by the project staff as follows: "It is important to emphasize that a survey of this nature probably could not have been as successful without the support of the community and the participating agencies. As a result of the rapport established by the Extension agents within the community, all households answered the questionnaire and 95 of 156 people (in one of the communities) participated in the physical and laboratory examinations. All follow-up was dependent on local and state agencies and private physicians." In Dr. Marilyn Jarvis-Eckert and Dr. Ernest W. Chick, et al, "Health in a Semi-Isolated West Virginia Community," *Archives of Environmental Health*, Volume 13 (October, 1966), p. 428.

[5] See Marilyn A. Jarvis-Eckert, M.D., and Sarah E. Archer, M.P.N., "Health Classes on Wheels", *Nursing Outlook* (April, 1968), p. 53.

[6] This percentage varied from community to community. In one of the three communities 68.6 percent of the people in the community volunteered for the examination. In another 63.2 percent and in the third only 52.3 percent participated in the physical examination program.

Conducting the health study of the residents of the communities required extensive cooperation and coordination, and in addition was expensive and time consuming. Even though there was a dearth of facilities — including housing, water, transportation, plumbing, sewage disposal, etc. — the physical examinations were conducted utilizing resources and material available within the communities. This required the residents' participation ranging from providing housing (two three-room churches and a four-room community center were used as examination centers), chairs, and tables to digging privies and hauling water to the examination centers. While this probably committed the residents to the project, it also required a great deal of staff time and effort.

The medical program was expensive for numerous reasons. First, the professional team from the WVU Medical Center was rather large. Approximately fifteen staff people from the Medical Center spent three to five days in each of the three communities conducting the examinations.[7] Second, the examinations were comprehensive, covering such areas as height, weight, vision testing, dental examination, hemocrit, white cell count and differential, urinalysis, and stool examinations for parasites, tuberculin and histoplasmin skin tests. Electrocardiograms and pap smears were also taken from a selected group of the population in the three communities. Third, the lack of adequate facilities apparently reduced the productivity of the medical team. Fourth, since all medical, dental and laboratory instruments were transported from the Medical Center in Morgantown to the hollows, several hundred miles away, additional expense was incurred. Finally, conducting the physical examinations in the communities probably necessitated a larger professional staff than would have been necessary had the examinations been done at a hospital or doctor's office.[8]

Follow-up Consultations and Referrals

When analysis of the survey, physical examination, follow-up consultation and laboratory data was completed, referrals were carried out in each of the three communities. A member of the examining team personally met with an adult member of each household to explain the results of the examinations. No attempt was

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[7] According to a report by the West Virginia University Medical Center, the Medicodental team which conducted the physical examinations in each of the communities consisted of "two physicians, one dentist, and one nurse from the faculty of the University Medical Center, two or three medical students, one or two dental students, one dental hygiene student, two or three nursing students, two or three medical technology students, and one microbiology graduate student." Dr. Ernest W. Chick and Dr. Marilyn Jarvis-Eckert, et al, "Health Profiles in Three Hollows in West Virginia," *The West Virginia Medical Journal*, Volume 65 (May, 1969), p.3.

[8] The cost of each physical examination exceeded $100.

made to give a definite diagnosis of each resident's illness, but instead those who had unusual findings were urged to see their local physicians. A report of all unusual findings was sent to the physician selected by the individual together with a cover letter explaining the nature and purpose of the survey and stating that this person had been advised to see him for further study.

Most of those referred to local physicians are known to have gone to them for follow-up treatment. A special effort was made to secure further medical treatment for those who were suspected of having tuberculosis, cancer, or heart disease. Both the health survey and physical examinations were designed as screening mechanisms rather than means of definitive diagnosis. No treatment was offered by the examining physicians from the West Virginia University Medical Center.

Highlights of the Findings of the Health Survey and Physical Examinations[9]

The Medical Center interview survey of all the households in the three communities found sanitary facilities to be grossly inadequate. Seven of the 136 households had no toilet facilities, 13 had a privy and 79 dug privies (many of which were apparently improperly constructed). Only 36 households had septic tanks. To obtain drinking water, 11 of the households relied on a spring or a cistern (again, proper construction and protective measures were not uniformly observed), 26 relied on a dug well (with some question of proper protection of the well) and 78 households had drilled wells.

Using the survey data on deliveries of new babies as a measure of community health care utilization, the Medical Center analysis found a rather dramatic shift from home to hospital delivery. In comparing the decades 1946-1955 and 1956-1965, in the earlier

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[9]No attempt is made within this chapter to do an in-depth analysis of the data from the health survey and physical examinations. Several faculty members of the West Virginia University Medical Center and others have done extensive analyses of this data in several articles published since 1966. See for example, Marilyn A. Jarvis-Eckert, M.D., "Screening in a Rural Setting," *The West Virginia Medical Journal*, Volume 62 (February, 1966), pp. 47-48; Marilyn A. Jarvis-Eckert, M.D. and Ernest W. Chick, M.D., et al, "Health in a Semi-Isolated West Virginia Community," *Archives of Environmental Health*, Volume 13 (October, 1966), pp. 422-428; Joseph J. Schwerha, M.D., Ernest W. Chick, M.D., and Marilyn A. Jarvis-Eckert, M.D., "A Unique Learning Experience: Community Health in a Rural Area," *West Virginia Medical Journal*, Volume 63 (January, 1967), pp. 8-11; Roger E. Flora, Ph.D., Marilyn A. Jarvis-Eckert, M.D., and Ernest W. Chick, M.D., "Health Facility Utilization by People Living in West Virginia Hollows," *The West Virginia Medical Journal*, Volume 63 (September, 1967), pp. 316-319; Marilyn A. Jarvis-Eckert, M.D., Mary Pullen and Jane Dowin, "Health Learnin' in Appalachia", *The American Journal of Nursing*, Volume 67 (November, 1967) and West Virginia University Extension Reader Series No. 174; Sarah E. Archer, M.P.N. and Marilyn A. Jarvis-Eckert, M.D., "Health Classes on Wheels", *Nursing Outlook* (April, 1968), pp. 52-54; Ernest W. Chick, M.D., Marilyn A. Jarvis-Eckert, M.D., and Roger E. Flora, Ph.D., "Health Profiles of Three Hollows in West Virginia," Special Article from *The West Virginia Medical Journal*, Volume 65 (May, 1969), pp. 145-152.

decade thirty-one of the eighty-seven live babies were delivered in the home, eight with the assistance of a midwife. In the decade 1956-1965, only one of the eighty new live babies was delivered in the home and only one with a midwife in attendance.

However, it was also found that the people in the study communities failed to follow good health practices. The families were lax in getting and maintaining (through periodic booster shots) immunizations. The relatively low rate of utilization of physician, dental, and nursing services together with overnight use of hospitals and clinics was an additional indicator of the laxity in the utilization of preventive medical services.

In analyzing the data from the medical histories of each person in the three communities, disease patterns were found to be quite similar. Not unexpectedly, because of the inadequate water and sewage systems and sanitation practices, parasitic infestation was found to be a common occurrence, and typhoid fever and hepatitis (two other diseases related to poor and unsafe water supplies) had been experienced in each community. A wide variety of acute and chronic diseases was reported in the house-to-house survey, with hemorrhoids and chronic nervous trouble the most common complaints, followed by arthritis, rheumatism and high blood pressure (6 percent of the population in the three communities indicated in the interview schedule that they had high blood pressure). Acute and chronic respiratory conditions were discovered to be quite common.

As noted above, 307 of 516 persons living in the communities volunteered to receive a physical examination. All age groups and sexes were represented, with females comprising 57 percent of the total group. Aside from widespread and serious dental problems which were the most common abnormality found (with the so-called DMF rate[10] approaching 20.0 per person in one community), certain other interesting disease patterns among the communities were discovered during examinations. For example, two of the communities had five times the heart disease found in the third community. Several thyroid abnormalities were found in these two communities. No thyroid abnormalities were revealed in the third. Eight times as many adolescents in one of the three communities were found to have acne as in the other two.

Personal Interviews versus Physical Examination in Community Health Research and Programming

On *a priori* grounds, it is obvious that for definitive diagnosis of personal health conditions there is no substitute for physical examinations. Therefore, it was no surprise to the research team from

[10] Decayed, missing, filled teeth.

the Medical Center to find rather wide discrepancies between the *supposed* and the *actual* health statuses of people residing in the three communities.

The data presented in Table 1 indicate wide discrepancies between supposed (survey) and actual (physical examination) health problems. Thus, efforts to determine community health problems and programs to resolve these problems must be based upon medical histories and comprehensive examinations conducted by qualified professional medical personnel. However, as noted above, this is very expensive since it requires a good deal of local cooperation and coordination as well as the use and movement of a relatively large number of highly qualified medical staff. In addition, the movement of a good deal of expensive equipment is required.

Importance of Follow-up

Although all the activities of the Medical Center were important factors in the effort that had as its primary goal the improvement of the lives of low-income rural people, following up the initial interview survey and the physical examinations with personal consultations and referrals was perhaps the one action which cemented the relationship between the community and the outside helping service agencies.

The fact that physicians from a prestigious organization like the Medical Center took the time to personally discuss the results of the interview survey and the examinations with each person made an important contribution to the overall success of the total project. In addition to discussing medical findings with a member of each household where one or more persons had been examined, the consulting physician sent positive findings of examinations to specified family physicians. Subsequent inquiry determined that most of the persons advised to see their physician did so. With but one exception, all suspected cancer patients, at the urgent request of the Medical Center, had received or were under treatment. Additional diagnostic tests were run on those persons suspected of having other diseases. Most suspected cases proved negative. For example, forty-one of forty-six persons with positive tuberculin skin tests were X-rayed, and no active lesions were demonstrated.[11]

Another important follow-up service performed by the WVU Medical Center was the distribution of the findings of their investigations to the staff of the pilot project and to others working

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[11]Chick, Jarvis-Eckert and Flora, "Health Profiles . . . ," *op. cit.*, p. 10.

TABLE 1

Correlation of Past History by Questionnaire with Findings of Examinations

	Found on examination and history	Claimed by history only (not substantiated by exam)	Found on examination only
Anemia	0	8	1
Diabetes (suspect)	0	0	2
EKG changes	4	4	4
Thyroid enlarged	1	2	6
Elevated blood pressure	4	5	13
Chronic skin trouble	2	1	4
Trouble seeing	11	5	6
Positive TB skin test	0	0	17
Parasites	8	5	6, suspect 21

SOURCE: From a medical survey of the communities conducted by the Medical Center at West Virginia University and summarized by Beatrice A. Judkins and Gale H. Lyon in a progress report to USDA, "West Virginia — Kanawha Area Pilot: Work with Low Socio-Economic Families," 1966.

directly with the poor in these disadvantaged hollow communities. The results of the survey and physical examinations were reported to be very helpful in planning workable and meaningful programs, especially health programs, for these and other similar low-income hollow communities.[12]

Community Health Classes and the Health Talkabouts Program

After the completion of the Medical Center research, the residents of the communities expressed an interest in health education programs providing basic knowledge about health practices and home nursing care. In response to this request, a search of available material was made to find instructional aids that could be used to teach the basic tenets of good health care. However, most of the material was found to be oriented to middle-class educational attainment levels. Consequently, the project staff, with the assistance of representatives from the American Red Cross and staff of the University's Medical Center, developed a series of teaching aids which were related to the needs and abilities of the people.

Two factors were taken into consideration in planning and developing the home nursing classes (or health talkabouts). First, it was thought that they would have to be informal and that the subject matter would have to be simple and direct. It was thought that the subject matter would have to both incorporate many visual aids and be suited to the needs, abilities and requests of the people in the communities. Second, it was believed that it would be necessary to have an experienced professional nurse as the instructor for the health classes. There were no doctors available for work of that nature.

In the absence of a doctor, only a nurse had the potential to provide sound medical advice, recognizing serious health problems, making referrals to medical service agencies and organizations (both public and private, i.e., Vocational Rehabilitation, American Cancer Association, Public Welfare Department, hospitals and clinics, physicians), and acting as liaison between the communities and the outside helping service organizations and agencies. Fortunately, the two nurses from the American Red Cross who had assisted in the Medical Center study were available as volunteers to develop and instruct the health classes.

The staff hoped that class members would emerge as leaders as the talkabouts progressed, and that these indigenous leaders, once they had completed the series of health classes, would be able to conduct later sessions of classes with only occasional back-up support from the nurse.

[12] See Footnote 9 for the relevant list of publications by WVU Medical Center staff and students.

Most home nursing courses started with discussions and demonstrations of proper hand washing practices and procedures, followed by classes dealing with home safety and sanitation. Next, the importance of good dental care was stressed. Subsequent sessions dealt with home care of the chronically ill and cancer detection and treatment.

In addition to the purpose of transmitting information directly related to health practices of the residents, the health "talkabouts" emphasized community involvement in the decision-making process which affected disease prevention and treatment. Thus, the classes were not "pre-structured." The instructors merely guided the discussions. The decision as to the subject to be considered during the next discussion largely was made by the residents attending the meetings. The instructors routinely asked, "What do you want to talk about the next time we meet?" From this practice developed the method of teaching as well as the name — talkabouts.[13]

A prime characteristic of the health talkabouts was their simplicity and their accent on instructor demonstration and class involvement through demonstration and the construction of articles used in good home nursing practices. In each class an effort was made to begin with the most basic health practices and procedures and to involve the class in each phase of the course as it moved from the most familiar to the least familiar subject matter.

It was discovered that the residents' interest span was quite short, so this was a consideration built into the program. In order to capture and hold the interest of the people in the classes (held biweekly for about a two hour period for several months in each community), the following methodology was used in developing and teaching the health talkabouts classes: (1) the ascertainment of the factual basis for the information used in the health discussions; (2) instructor demonstration of health care procedures; (3) reciprocal demonstrations of these procedures and practices by members of the class; (4) frequent utilization of simple visual aids; (5) ample time allotted for question and answer period; (6) complete and simple summary of each lesson and discussion by the instructor; (7) distribution of take-home leaflets covering health problems and procedures to each class member; (8) each lesson was a complete entity; and (9) ample time was set aside to determine an appropriate and interesting topic for the next class meeting.[14]

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[13] Several illustrative health talkabouts are presented in Appendix G.

[14] Mary V. Pullen, Galetea Ewing and Marilyn A. Jarvis-Eckert, M.D., *Health Talkabouts: Health Education for the Disadvantaged*, Appalachian Center, West Virginia University and the United States Department of Agriculture (Morgantown, 1969) "Materials and Methods," p. 9.

According to the project staff, including the instructor of the health classes, the major objective of the health classes were: (1) to provide a physical and intellectual environment in which an educational experience could take place; (2) to provide accurate health information to the communities; and (3) to facilitate increased social interaction so that participants in the classes might be in a better position to obtain help when needed in the future after the classes were over.

The project staff reported that it quickly became apparent that the success or failure of the classes was unusually dependent upon the nature of the instruction. The instructor had to be very observant and sensitive to the needs and capabilities of individual class members. Each discussion was carefully evaluated using the following criteria:

(1) Was the literature presented and discussed meaningful?

(2) Was the topic interesting?

(3) Was the presentation at a simple enough level, yet factual and interesting?

(4) Could class members complete the article or do a return demonstration?

(5) During home visitations was there evidence of carry-over into the homes?

(6) Were potential leaders identified among the participants of the classes?

It was found that the women selected to be leaders for subsequent sessions of the health classes could not assume leadership roles. If other members of the class asked the indigenous leader a question she could not handle, she often reverted to her folk remedies instead of admitting that it would be necessary for her to consult the nurse to answer the question correctly. The nurse thus continued to teach all of the classes. She did find, however, that the leaders identified in classes were of great assistance in informing her of health problems among the residents.

Finally, it was found that person to person contact through meetings and home visitations was absolutely essential to the successful operation of the program. Frequent visits with the families in the communities to discuss the importance of attending health classes as well as other things of interest provided the necessary motivation to participate in the health and other community programs conducted by the staff of the project.

Evaluation and Discussion of the Health Program

Quality health care for the poor and for those who, often by choice, are distantly removed from large, medium and even small population centers might well have to await new developments in the

health care system (including new legislation, new medical discoveries, and attitudinal changes among members of the profession), in transportation, in economic and social development planning, and even changes in the attitudes of the people being served. In the long run, all things are possible, but the long run is the future and even the distant future. What can be done to improve the daily lives of the people by making them and their children healthier and happier now?

The health program, which was one component of the West Virginia pilot project, illustrates one approach, albeit a partial one, to solution of the health problems of the disadvantaged living in remote hollow and ridge communities.

In evaluating the community health program, the paramount consideration must be, of course, the impact of the program on the people in the community. Were attitudes about what constitutes good health practices changed, and was knowledge gained and translated into daily practices among the parents and their children? Were they better equipped to deal with daily (routine) and emergency health problems in the community? Were the attitudes and behavior of the medical professionals changed in ways which might be expected to result in more concern about devising ways to better serve the health needs of rural, disadvantaged families? It is possible to suggest preliminary and tentative answers for these and related questions.

The overall excellent response of the communities to the several facets of the health program is an indication of at least partial success. After some encouragement, the people appeared to be quite eager to learn the fundamentals of good health practices and procedures. The staff and faculty from the West Virginia University Medical Center who initiated the program were welcomed by the communities, and the people participated rather extensively in the medical survey and physical examinations carried out by the Medical Center.

The initial survey and physical examinations had an important impact on the communities. For the first time reliable data were available on the health conditions and problems of residents of the three communities. With the institution of follow-up and referral activities by the WVU Medical Center, the people were made aware of their health problems and urged to seek medical treatment. Related to this, the data about the three communities also served to approximate the health conditions and problems existing in other West Virginia rural, nonfarm, hollow communities.

Another important consequence of the health program (especially the involvement of the Medical Center) appears to have been improvement in the attitudes toward professional medical personnel

among the people in these communities.[15] As a result of the close contact and consultations with medical personnel from the WVU Medical Center, the residents of the pilot communities reportedly were better able to discuss their health problems with their personal or family physicians. Visits to the doctor are said to have become less traumatic, since the residents acquired a somewhat better understanding of the nature of health problems and treatment needed. In addition, they probably have become better able to convey their health and medical problems and needs to doctors.

However, it is very difficult to measure the full impact of the health program on the pilot communities. Little significant primary data are available. Moreover, the data that are available were not collected for this purpose. For the most part, one has to rely on the observations of those who were intimately involved in the program and/or use data which are only indirectly indicative of the success or failure of the program. Nevertheless, there are some data which show that the health program had a significant impact on the community, including important positive effects for the people.

One statistic available for measuring the impact of the health program is attendance at health classes. During the period 1965-1968, about 113 adults and 80 youths attended these classes. This is about 40 percent of the adults and 50 percent of the youths in these communities.[16]

Additional evidence of the impact of the health program is the known direct action which was taken in conjunction with the health classes. Among the most important resultant action was referral of families to medical service agencies for treatment, immunization of preschool children, pap clinics, prenatal clinics and the development of indigenous leaders who were more likely to function effectively in health emergencies.

An indication of acceptance of the program is that many of those attending the health classes conducted in Eastridge, Campville and Valley's End were from outside these communities. Several of these people actively sought the establishment of health classes in their communities. This tends to suggest that health programs for the rural areas of West Virginia could be expected to generate positive response among rural residents.

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[15] It is interesting to note that many of the men within the communities reportedly would not have allowed their wives to receive the physical examination had not a female physician been present to conduct it. According to one staff member, "Success or failure depends on the key ingredient of a female physician for examination of the female patients." The physician participating in the project was the first female physician most of the residents had ever met.

[16] For purposes of this analysis, adults were defined as persons twenty one years of age or older and youths as between six and twenty-one years of age.

More meaningful than mere attendance during the health classes is the extent of retention and application of new factual health knowledge. To determine the impact and effect of the health program on the attitudes and daily health practices of the people, four nursing students and an instructor from the WVU Medical Center conducted house-to-house interviews in the three pilot communities over a three-day period in May, 1967. Using a formal interview schedule, all the adult women originally in the population still residing in the communities were asked whether or not they attended the health discussions as well as questions related to their health practices. Ninety-four of 102 women who were contacted were interviewed.

As shown in Table 2, those who attended the health discussions were more knowledgeable of the basic tenets of good health care. With respect to all the health practices inquired about, those who attended the health classes were more likely to be more knowledgeable than the group of residents who did not attend these classes. Thus, it would appear that, at least in the short run, new and valuable health knowledge was gained and retained by those residing in the pilot communities.

Although no empirical data are available on health practices and the application of new health knowledge, one can logically assume that those who at least know what constitutes good health care are more likely to practice it than those who rely entirely on home remedies and old wives' tales. Moreover, changes in attitudes may be more likely through practicing the accepted and proper methods of good health. The data suggest that a fairly large number of the people who reside in the remote rural areas welcome new health knowledge. The major obstacle would appear to be a health delivery system to disseminate good health care information. Important ingredients in this delivery system are trained, empathetic manpower and additional money.

The West Virginia pilot project could have served to provide the experience and motivation necessary to support continuing efforts by University and Medical Center professionals to extend the resources of West Virginia University in support of a concentrated attack on rural health problems. Although the long-run impact of the project on the University cannot be assessed at this time, it would appear that in the short run there was only minimal influence.

Health education classes were extended to other portions of the State, and Medical Center personnel who were involved in the project gained new insights into health problems of rural West Virginia. For the most part, however, the personnel who continued to work on rural health problems after the project were those who had been interested in such problems before the project.

TABLE 2

Evaluation of Three Health Discussion Groups by Percent Giving Appropriate Answers During Personal Interview, May 1967

Subject	Percent Giving Appropriate Answer Among Those Who:	
	Attended Class (15-22 People)*	Did Not Attend Class (72-79 People)*
Burns	86	57
Cuts	95	57
Worms	100	20
Teeth	100	98
Washing Hands	100	89
Breast Cancer	75	11
Uterine Bleeding	100	82

SOURCE: From a medical survey of the communities conducted by personnel from the Medical Center at West Virginia University. See particularly, Marilyn A. Jarvis-Eckert and Sarah E. Archer "Health Classes on Wheels," **Nursing Outlook**, Vol. 16, No. 4 (April 1968).

*Denominators adjusted for each class.

Thus, it is not possible to establish that the trend toward large-scale involvement of Medical Center faculty and students in the design of new strategies for providing health services for the rural poor extended appreciably beyond the life of the project's health program. Although there are special programs within the Medical Center concerned with the design of rural health delivery systems, the promise established during the project of Extension staff and Medical Center staff working together jointly to deliver health care programs apparently has not materialized.

Conclusions

The single most important accomplishment of the health program was the delivery of health educational services to the predominantly disadvantaged population in the three test communities.

The role of the staff of the Appalachian Center was significant and critical to such success as was achieved by the health program. At least one staff member did substantial work in developing materials used in the health talkabouts. Furthermore, it is doubtful that the health program could have been initiated in the three study communities without the effective field work of the Appalachian Center county staff.

The high degree of success in conducting the personal interviews in the communities and the subsequent physical examinations was directly related to the home visits made by the Appalachian Center staff responsible for the project. Even more significant were their efforts in following up the referrals of those persons who needed medical care.

To be successful on a wider long-run basis, a program of the type tested in the pilot project would require the dedicated involvement of substantial numbers of medical personnel. Considering the number and caliber of medical personnel associated with the Special Needs Project, the amount of time they spent working with the project, and the transportation of both personnel and necessary equipment from the Medical Center to the communities, it is apparent that the health program involved great expense. The question thus arises of how realistic or generalizable such an approach might be for future projects of this nature. With the constantly increasing competition for the available resources of most medical centers, it is problematical whether such a program could be extended without considerable modification.

CHAPTER FIVE

The Recreation Program

Introduction

Recreation programs for the disadvantaged traditionally have been designed for the benefit of urban youth. For many years civic groups provided financial resources to enable poor urban children to attend summer camps outside of the city, and summer recreation programs were often provided at established recreation facilities within urban areas.

However, programs of this type were not extended to rural disadvantaged youth. It was too often assumed that traditional 4-H programs took care of their recreational needs, and, if rural disadvantaged children happened to be bypassed, it was thought that they still had the advantages of open spaces and fresh air which, it was assumed, would compensate for the lack of any organized effort.

However, Extension's clientele in the counties in which the three communities were located traditionally have included the middle-class residents, not the disadvantaged. The 4-H summer camping experiences were economically out of reach of the rural disadvantaged youth. Because it was felt that an organized recreation program for youth would not only provide the young residents of the three communities with organized summer activities but would also indirectly introduce the children to social skills and good health habits, the staff of the West Virginia pilot project decided to include recreation as part of their overall program and to test whether this was an effective method for Extension to employ in working with the disadvantaged.

Since it is quite possible that the young people of these communities will eventually work, and perhaps reside, in middle-class situations, it was felt that any exposure to middle-class social skills they might receive would be useful to them in the future. Proper health habits were also stressed because it had been found during the first year of the project that many of the residents had limited experience and knowledge in this area. By including health as an integral part of the summer program, it was hoped that the importance of the common health habits would be so instilled that the children would carry them over to their home and school life.

Establishing the Recreation Program

The summer recreation program was first organized in the summer of 1965. During the previous year, rapport had been established between the Extension agents and the residents of the three communities, and early childhood education programs had been held in all of the three communities. Thus, the communities seemed to be ready for the introduction of this new program.

A recreation specialist was provided by the Appalachian Center during each of the four summers that the recreation program was held (1965-1968). A physical education teacher headed the program for the first two summers, a secondary teacher with professional Girl Scout experience the third summer, and a male university student the fourth summer.

When each of the recreation program leaders began their work in the communities, their first activity was to introduce themselves and the summer recreation program to the residents through home visits. They were accompanied by Extension agents working in the communities who were familiar to the residents. As in other activities of the project, the home visits appear to have been of great importance in enlisting the cooperation of the adults in assisting with the program and permitting their children to participate.

This was particularly evident during one summer program when the specialist was unable to make home visits in one of the communities due to the large amount of time they required. She later observed, "The neglect of this step proved to be a handicap later in the summer; it also verified the importance of making home visits a very necessary beginning."[1]

The rural residents had access to open spaces, but with no facilities or equipment it was difficult for them to organize any recreational activities. The Appalachian Center provided game equipment, and the agents assisted the communities' residents in clearing off proposed recreation areas and in locating such equipment as metal pipes for volleyball courts and pipes and screening for softball backstops. Empty wooden wire spools became work tables when embedded in the ground. Eastridge had no sheltered area (Valley's End had its community house and Campville was permitted to use its public school), so a large tent was borrowed from a local funeral home for shelter from the sun. One of the Eastridge families offered its garage as a meeting place on rainy days. However, it should be noted that a greater degree of organization in the recreation program was achieved in the

[1] Marie Nesius. "Recreation and Day Camp Program," in *Annual Narrative Report: 1967*, by Mary V. Pullen and Thomas E. Woodall, (Institute, West Virginia: West Virginia University, Appalachian Center, 1968), mimeo, p.18.

communities with permanent shelters.[2] By expecting the residents to assume the responsibility of preparing and caring for the recreation areas, the playgrounds became "theirs" — an integral part of their communities.

While there was the possibility that the Appalachian Center could have used well-equipped playfields outside the communities for recreation rather than developing new fields within them, it was found that the people responded better to the recreation programs held within their own communities. In addition to the possibility that pride was engendered in the local facilities, there was no transportation problem, and the parents of the participating children were free to observe the activities and to offer their assistance.

Content of the Recreation Program

The summer recreation program consisted of two distinct parts: one weekly recreation day in each community for approximately seven weeks, and community day camps held at the end of each summer.[3]

The recreation day provided the children with conventional recreation activities combined with instruction about health habits and social skills. Each week the recreation specialist, together with members of the county staff, led a program that included crafts, singing, games, and sports such as softball, badminton, archery, volleyball, horseshoes, and basketball.

According to one of the recreation specialists, the children "seemed especially interested in activities that included extensive action and tangible results. Secondly, it was noted that their response was better to a program that evolved into a progressively more varied one."[4]

The specialist also stressed the importance of games in the program:

> . . . sports were included . . . throughout the summer. However, basic activities such as relay games and clean-up games and get-acquainted games were very important in

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[2] Marie Nesius, *Recreation Programs for the Disadvantaged*, (Institute, West Virginia: West Virginia University, Appalachian Center, 1968), mimeo, p.23.

[3] These were the principal activities of the summer recreation program during its four year existence. Also included in the 1967 summer program were a one day trip to the state capital and children's planetarium in Charleston for the children of Eastridge and a presentation of "Spoon River Anthology" by a Charleston summer theater group at the community center in Valley's End. Both events were popular within the respective communities. However, their impact as a part of the total summer recreation program is of marginal significance, and thus they are not included as a section of this chapter.

[4] Nesius, *Recreation Programs for the Disadvantaged*, op. cit., p. 11.

> the initial stages to (1) develop a sense of teamwork, (2) to see what kind of interaction existed between the children, (3) to simply get to know them, and (4) to see if the children were physically capable.[5]

A number of agents assisting with the recreation program and the specialists noted that the children had not previously developed "team spirit," or a sense of teamwork. Until the recreation program was established, the favorite game for the children of the three communities during the summer was lining up and throwing rocks at a tree. This was an individual activity requiring no cooperation. Apparently as a result of never having participated in team sports, they reacted negatively to the teamwork concept.

When they became tired of a team sport, which was often when their team was losing, they would simply leave the game and walk off the field. This may have been due in part to the short attention spans of the children (activities were planned for periods of no longer than forty-five minutes to allow for assumed limited spans of interest) and their reluctance to participate in games and sports according to established rules. As one area agent observed:

> Some of them would quit in the middle of a basketball game or walk or run with the ball instead of dribbling. They saw no point in continuing with a game if they thought of something they might enjoy more, and often condoned the breaking of rules by saying "what difference does it make anyhow whether or not you bounce the basketball, as long as you get to the basket and make the shot." [6]

This agent was concerned about how this attitude might affect the children in later years. He ventured the statement that "willingness to leave a ball game for some other 'spur of the moment' activity is not so far removed from walking off a job in order to go hunting or fishing." [7]

This particular problem was dealt with in a number of ways. The teams were made as even as possible by placing good players on both sides. Sometimes staff members would participate on the weaker team, or they would work with the less proficient to improve their

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[5] *Ibid*, p. 12.

[6] Thomas E. Woodall, *Narrative Summary*, (Institute, West Virginia: West Virginia University, Appalachian Center, July, 1966). typewritten, p. 3.

[7] *Ibid*, p. 3.

ability. Although these tactics did not always work, in the main there did seem to be gradual improvement among the children in this respect.

The sessions devoted to teaching crafts provided the children with the activities producing the "tangible results" they seemed to need. Specific crafts were chosen by the staff on the basis of their interest, novelty, usefulness, and low cost.[8] Some of the articles produced by the participants were trash baskets fashioned from ice cream bins, boxes made from ice cream sticks, paper mache jewelry, and first aid kits devised from empty cigar boxes or kitchen match boxes. An effort was made to instill greater appreciation of natural beauty in the young people through the use of such natural materials as weeds, beans, rice, nuts, and grasses in creating mosaics and collages.

The sports and crafts, snacks, clean-ups, and opening and closing activities were organized into a schedule devised by the recreation specialists. However, since the children were not used to a structured system of this type, the schedule was made as flexible as possible. Middle-class children are members of families that naturally allocate certain periods of time to various activities. However, rural Appalachian families seem to have a limited sense of such scheduling of activities.

In his book, *Yesterday's People*, Jack Weller employs Herbert Gans' concepts of "routine seeker" and "action seeker" to contrast the middle-class citizen and the mountaineer.[9] He explains that while the middle-class citizen seeks routine for the satisfaction it brings in reaching toward and achieving his goals, the mountaineer tends to be an action seeker and has the opposite response:

> The routines are only endured; the satisfactions of life are found in action — those intermittent times of thrills, challenge, and excitement . . . He does not wish to commit himself in advance to a routine meeting because something of an action nature, which he would greatly prefer, may come up at the last minute . . .[10]

Although these traits were recognized by the people planning the recreation programs, it was decided to introduce the children to a

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[8] Nesius, *Recreation Programs for the Disadvantaged*, op. cit., p. 13.

[9] Jack E. Weller, *Yesterday's People*, Kentucky Paperbacks (Lexington: University of Kentucky Press, 1965), pp. 40-43. Weller acknowledges his indebtedness to Herbert J. Gans who originated the concepts of "action seeking" and "routine seeking". See Herbert J. Gans, *The Urban Villagers* (New York: Free Press of Glencoe, 1962), pp. 28-31.

[10] *Ibid.*, pp. 41-42.

comparatively simple program structured to prepare them for the routines they would probably encounter in school and in future jobs.

In order to enlist the children's cooperation and to make them feel that they had a part in planning their activities, the proposed schedule was discussed in advance with the children. Also, changes were sometimes made in this schedule. Both out of necessity and to keep enthusiasm high, surprise activities were planned for days when inclement weather occurred or for when interest waned.

The program was also as flexible as the number of volunteers on hand to lead various interest groups in their different activities. Throughout the four summers of the program, the adult community residents assisted the staff members both on the playground and in providing snacks for the children. This community participation was thought to be necessary for diversification of activities on the playground and for developing a sense of community involvement in the project.

Teenage volunteers from a nearby city who provided additional assistance during the last three summers apparently served two purposes: (1) they were exposed to rural poverty, not as observers but as workers, and (2) the youth of the hollows were exposed to middle-class youth within the non-threatening atmosphere of their own communities.[11]

It was found that volunteers in this age group had to be chosen carefully, both in respect to the affect they had upon the community residents and how the experience was apt to affect them. As one agent stated, "Some teenagers aren't ready for the 'shock' yet."[12] One of the recreation specialists reached the following conclusion about selecting volunteers:

> Volunteers can be either the backbone of the program or the straw that breaks the program. Aside from their qualifications they should be chosen with great care in regards to enthusiasm, reliability, and genuine interest.[13]

Although the recreation program had originally been intended for older children and teenagers, many young children also attended the playground days, with a resulting age range of four to eighteen years. When available facilities and sufficient assistance permitted, the varying age groups participated in activities geared to their

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[11] Mary V. Pullen, *Narrative Summary*, (Institute, West Virginia: West Virginia University, Appalachian Center, 1966), typewritten, p. 3.

[12] *Ibid.*, p. 1.

[13] Nesius, *Recreation Programs for the Disadvantaged*, op. cit., p. 26.

different interests. However, when these conditions did not exist, problems resulted, especially with the older youth.

In these cases, athletic programs were held exclusively for this age group during the afternoons of the recreation days so that younger children would not be endangered by flying balls and other hazards. Another solution to this problem, although not used in the program, would have been to plan special evening programs for the older children.

Precise figures on attendance at weekly recreation days are not available. However, the best estimates are that in all three communities a majority of the eligible children attended on at least a semi-regular basis. In Campville, for example, almost 100 percent of the children had been involved by the end of the first year.

The day camps held for five days in the communities at the end of each summer were designed to provide the children with camping experiences that would further instill social skills and good health habits. Children from disadvantaged communities seldom have the opportunity to attend summer camps. Even when the cost is low enough that it might be afforded, "most of the children from (the test) areas seem to be too shy to venture out of their own environment."[14]

This may be related to the strong emotional dependence typically found within these families.[15] Jack Weller, in *Yesterday's People*, states, "I have seen parents who seemed unconcerned about their children's training refuse to let the child be away from home for even a night."[16] Thus, it was hoped by having the camp in a local, familiar setting and holding it only during the day, that the children would be able to enjoy the benefits of a camping experience in a non-threatening environment. In many respects, the day camps were extensions of the recreation days held in the communities, with the exception that classes were held in addition to craft sessions and sports activities. The classes included good grooming, cooking, Red Cross home nursing, conservation, and mothers' aid. Outside agencies and firms provided personnel to teach these courses. For example, the gas and electric companies sent home economists to teach cooking classes.

Community meetings held through the summer provided the setting for planning the day camps. Adult residents assisted with the camps each summer, learning crafts themselves at sessions held

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[14] Wylene Dial, *et. al.*, *Annual Narrative Report: 1965*, (Institute, West Virginia: West Virginia University, Appalachian Center, 1966), mimeo, p. 19.

[15] Weller, *Yesterday's People*, op. cit., p. 59.

[16] *Ibid.*, p. 60.

before day camp and then teaching the children at camp. Two of the communities decided to provide lunch for the children attending camp, and women in the communities headed the committees responsible for obtaining both food and assistance. The committees were composed of other community residents with the home demonstration agent in one county and the 4-H agent in another county acting as advisors.

In addition to the programs held during the day, evening activities were planned during day camp sessions so that entire family participation would be achieved. Marshmallow and frankfurter roasts at the camp grounds provided settings for the children to display their singing ability and the products of crafts which were parts of their daytime activity.

The evenings usually ended with everyone sitting around the campfire and singing. These evening activities seemed to foster the sense of community spirit which appeared to be developing within the three communities. The participation of family units was a unique development in these communities since, traditionally, there is little shared recreation among rural Appalachian families.[17]

The enrollment of children in the day camps is an indication of their popularity. Although enrollment figures are available only for the day camps held in the first two years, they give some idea of the enthusiasm generated:

	Valley's End		Eastridge	Campville	
	Beginning	End		Beginning	End
1965	28	38	No Camp	27	60
1966	44		37	122	

The figures represent a 1966 enrollment of approximately 75 percent of Valley's End's four- to eighteen-year-olds and 60 percent of Eastridge's young people of this age range. In Campville, the 1966

[17] *Ibid.*, p. 59.

enrollment surpassed the number of four- to eighteen-year-olds in the community, indicating that the popularity of the program was attracting participants from outside community boundaries. From available information, it may be deduced that the enrollment remained high the third summer, but fell the last summer of the program.

Not all of the communities had pilot project-sponsored recreation programs each summer. In 1967 and 1968, the third and fourth years of the recreation program, Campville, the largest of the three communities, did not participate in the project's recreation program because its county sponsored a recreation program in that community as part of a county-wide program of summer recreation. The staff of the pilot project did not want to duplicate county efforts. Also, no program was held in Valley's End during the final summer because of the development of the community problems discussed below.

Problems Which Hindered the Recreation Program

Although the recreation program ran smoothly throughout most of its duration, there were problems associated with it which became apparent as the project progressed. One of the more visible, which also affected other project activities, was that problem situations between families within the communities directly affected their children's participation in the recreation program:

> The children of the mountain people march when the family drums begin to beat. At one point, two of the families pulled their children out of the program in one community to keep them from associating with each other.[18]

The agents tended to remove themselves from inter-family disagreements. However, in cases where a family may have "lost face" within the community, and they were not participating in activities, the agent often found means for them to "gain face" without it being apparent that he was involved.

During the third summer recreation program, through no fault of the project staff, unfavorable publicity concerning Valley's End appeared in local media. However, when the project was blamed for the publicity, and harsh feelings toward the staff developed, day camp participation was affected. Some of the parents encouraged their children to picket the day camp site during the camp session. It

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[18]Nesius, *Recreation Programs for the Disadvantaged*, op. cit., pp. 23-24.

was a difficult time for these children as they were missing the activities they had enjoyed in previous years, and they were also ridiculed by the other children.

The immediate problem associated with the picketing children was solved when some of the community adults, who realized what the picketing children were experiencing, spoke with the parents involved. However, as will be described in a subsequent chapter, problems caused by tasteless publicity remained stumbling blocks for the entire project. As a result, the recreation program was not held in Valley's End the following summer.

A problem which could have been quite serious, but due to sheer luck was minimal, was the lack of insurance for the children on recreation days. Project funds provided no money for any insurance, although local civic groups donated enough money for day camp coverage. If any serious accidents had occurred, the entire project could have been jeopardized through law suits and loss of relations with the communities. It is difficult to understand this lack of proper coverage, as at the time the recreation days were operating insurance rates were low (five cents per child per day.)[19]

As it was, when minor accidents did occur, the costs of treatment were covered by personal resources of the recreation specialists and Extension agents. This, however, was an unfair burden to place upon them as individuals. Some suggested that the children each pay the cost of the insurance, but, as one of the agents stated, "Sure, you can bring a nickel — if you've got a nickel."[20] Obviously some children would have been excluded if such a practice had been instituted.

The same principle applied to the day camps. Two of the communities (those which served lunch) decided to charge the children ten cents per day to help defray the cost of the food and supplies. Those children who couldn't afford to pay this fee still attended the camps. In some cases, others in the community or the agents paid for these children. However, in one recorded case, it was decided at the community meeting to assign camp chores to those children unable to pay. This practice should be subject to question in any program, but in a project designed to assist the disadvantaged it seems inexcusable that this type of discrimination against the poorest families was allowed to take place. No fees should have been collected if it was not positively known that every family could afford to spend the money without causing hardship.

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[19] Nesius, *Recreation Programs for the Disadvantaged*, op. cit., p. 24.

[20] Interview on file at the Office of Research and Development.

The problems encountered in the fourth and final summer recreation program point up the importance of a well-trained and dedicated staff. In comparison to the previous summers, the specialist hired to conduct the final year's program did not seem to be as well organized. As a result, few plans seemed to be made before or during the summer, and the program consequently seemed to lack direction. In fact, according to one of the agents, the success achieved that summer was due primarily to the county agents and a high school volunteer in her third year of assisting with the program.[21]

However, it must be noted that it seems there was a general slackening of enthusiasm among the staff of the pilot project and a lessening of project activity during the last year of the project. Few new or innovative activities were introduced during the final year. With only Eastridge participating in the summer recreation program and relatively little other project activity in progress, it was perhaps not surprising that the program operated at a level below that of previous summers.

Evaluation of the Recreation Program

The summer recreation programs and day camps were actually traditional Extension 4-H programs modified to fit the needs of this project. Perhaps because they were dealing with a familiar program, the Extension agents who assisted the recreation specialists appear to have felt more comfortable in this role compared to those they were asked to assume in some other programs included in the Special Needs Project.

Also, the specialists hired each summer were able to devote full time to this one program, while in other programs included in the project, the county agents were always torn between the project responsibilities and their other Extension activities. Thus, as compared to the other programs, the situation among the staff working on the recreation program was conducive to a smoothly running operation from an administrative standpoint, which held true with the exception of the final summer program. As one county agent stated:

> We were giving their children (some of the adults, too) a happy, rich, and meaningful series of experiences, and we were very successful with what we were doing. The children and many adults got a chance to know us on a very personal basis and they seemed to have a genuine liking for us.[22]

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[21]Mary V. Pullen, *Annual Narrative Report: January 1968 through June 6, 1969*, (Institute, West Virginia: West Virginia University, Appalachian Center, 1969).mimeo, p. 6.

[22]Dial, et. al., *Annual Narrative Report: 1965*, op. cit., p. 19.

If one assumed that the goals of the summer program were to provide wholesome recreation, the learning of social skills, and the instilling of good health habits, as stated in all reports concerning the recreation program, it could be said that the recreation program did indeed succeed. Improvement in social skills and health habits was observed by all of the staff members associated with the program, and if the response of the children was any indication, the recreation itself was appealing to them.

However, if the evaluation of the success of the program is based upon the goal of the total project, which was to develop *innovative* techniques which could be used by Extension working with low-income rural nonfarm families, then it is less apparent that this program did achieve its goal.

Although the techniques used in organizing the programs may have been new, as were the physical settings for the programs and the inclusion of family oriented activities, the basic thrust of the program was not new for Extension. As stated above, the program tended to be a traditional 4-H program. This, of course, does not imply that the program failed to produce important benefits. It may have been a positive influence on the development of the young people who participated.

However, as was true of the preschool program, the long-range impact on improving the quality of the young people's lives cannot be determined. On the other hand, that the program succeeded in adding a new clientele group as a focus for Extension's work with youth is perhaps important in its own right.

CHAPTER SIX

The Community Development Program

Introduction

Early in the 1960's, difficulties encountered in solving the problem of poverty in the United States led some policy makers to conclude that public and private agencies and institutions were not responsive enough to the needs of the poor.[1] Indeed, it was believed that the programs of such agencies were not only failing to help the poor but in some cases were perhaps even making their lot worse.

Thus, it was determined that if the plight of the disadvantaged was to be alleviated, new ways were needed to coordinate and direct all the institutional resources of communities in more effective attacks both on the problems of disadvantaged people and the circumstances which helped to create the problems.

The most widely known specific program developed to facilitate a community approach to the elimination of poverty was the Community Action Program of the federal Office of Economic Opportunity. By 1965 the community action concept was exerting considerable influence in the design of community based antipoverty programs.

Reduced to its fundamentals, community action aimed to "concert the resources of a community in a democratic, coherent attack upon the problems of the poor"[2] by creating community wide organizational structures which would include representatives of important community institutions and groups, and by encouraging the poor to make their needs known through specific demands for improvements in the services they received. In addition, the approach sometimes was supplemented by attempts to produce by group action local results which otherwise generally would be produced by individual action.

For example, whereas attractive maintenance of homes and other property generally is the responsibility of the individual, community action might endeavor to utilize the community "clean-up" as an end in itself or as an organizing device with a relatively obvious link between activity and benefit. Presumably, the close linkage between group acitivity and benefit would be a demonstration of the

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[1] Peter Marris and Martin Rein, *Dilemmas of Social Reform*, (New York: Atherton Press, 1967), p. 37.

[2] *Ibid.*, p. 1.

superiority of collective efforts for community betterment which should stimulate collective political efforts for problem solutions more distantly removed.

From the beginning of the West Virginia pilot project certain staff members recognized the potential value of assisting residents of the test communities to organize in order to work together toward the solution of community problems. However, it would not be correct to label the programs which were envisioned as community action programs.

Even though certain elements of the community action approach were ultimately incorporated into the programs which evolved over the course of the project, it seems more precise to use the term "community development" to characterize them. The pilot project approach did not attempt to create a new formal organization of community agencies and did not stress organization of citizens for political action. It did emphasize the organization and motivation of citizens to identify and better understand their problems and to collaborate to solve them with their own resources, as well as with the assistance of appropriate agencies from the broader community. The role of the project staff was to assist in community organization and the creation of new linkages from the communities to agencies which possessed needed resources.

Thus, the philosophy of the community development program was consistent with the undergirding philosophy of the total project: the residents of the test communities were to be helped through organization and the provision of needed information and skills to more fully develop the potentials of their communities and themselves. Clearly, the major emphasis on the community development program was still focused on the necessity of change within the residents of the test communities, with lesser emphasis on working directly with agencies of the broader community to heighten their awareness of the needs of the residents.

The need for a community development approach, which was felt early in the project, was based on: (1) the obvious lack in the test communities of even the most fundamental of services such as roads, water, and sanitation; (2) the problems posed by the geographical and sociological isolation of the communities; (3) the absence of any serious attempts by public agencies to extend their services beyond customary limits; (4) the lack of knowledge, influence, and aggressiveness among the citizens of the communities, which would have been necessary to obtain even a fair share of services available; and (5) the lack of leadership in the communities.

Initial attempts at community development began informally in Valley's End with the beginning of the early childhood education program and the opening of the experience center in late 1964 and early 1965. As a result of the home visits and a community-wide

meeting, the men of the community were involved in activities designed to upgrade the physical facilities of the experience center. Progress was made in providing a water system for the center, a porch was added, and general repair work undertaken.

At the same time, other community projects were accomplished, including clean up and repair of the community road, construction of a small bridge, attainment of school bus service within the community, construction of a playfield, and planning for the community day camp. In addition, the community continued attempts, with help from the county agent, to obtain natural gas service.

Outside public agencies were also contacted in 1965 in search of assistance for Valley's End's community projects. The Board of Education gave assistance in the form of materials for the experience center. The Health Department provided immunizations, as was also true in Campville and Eastridge, and the Well Baby Clinic and Department of Public Assistance also were involved. In addition, some individuals were helped through referral to training programs such as the Job Corps, and cooperative relationships were established with the VISTA program and the Office of Economic Opportunity's community action agencies serving the broader area.

By the end of 1965, certain principles of community development had been employed in all three communities, and in Valley's End, as we have seen, substantial progress had already been made in organizing specific development projects. The necessary ingredients of a more intensive community development program were thus available.

Moreover, the staff of the pilot project recognized that the programs which had been inaugurated in the communities up until that time were not contributing sufficiently to the structure of local leadership which would be necessary to continue community improvement effort beyond the life of the project itself. Therefore, the decision was made to attempt a concentrated program of community development in two of the three communities — Campville and Valley's End. Such an effort was not thought to be promising for Eastridge because of its lack of "community" characteristics as well as other problems.

Establishing the Community Development Program

The activities which comprised the major community development effort of the Special Needs Project were begun in 1966. As in the case of the other project activities already discussed, the first step taken by the staff was to visit the residents of the communities in their homes. This time, however, the conversations were centered on determining the residents' perceptions of their

communities' problems and how the people might work together to solve them. The hope of the staff was that the home visits would insure adequate communication of the intent of the program, would provide information on what the residents considered important problems, and would generate interest and motivation.

When it was determined that sufficient interest in community action had been generated, community-wide meetings in the two communities were held. According to one of the area agents who served on the project staff:

> The purpose of these meetings was to bring community people together for a discussion of the problem identification-solution process in such a way as to stimulate an exchange of ideas, viewpoints and attitudes concerning the method by which this process could best be carried out. The aim was to achieve maximum participation of community people in the design and implementation of the entire effort from the beginning. Only in this way could it be considered a true community effort, and not just another "project" or "program" superimposed upon the people by professionals and experts.[3]

The community-wide meetings seem to have served the purpose of stimulating increased awareness of community problems and interest in solving them using collective action.

While the project staff encouraged and attended the meetings, they deliberately avoided leadership roles and positions. Instead, they attempted to serve in resource and consultative capacities in order that community leaders might evolve as the outcome of a natural process of interaction among the citizens. There are some indications that the hoped-for leadership structure began to develop.

Content of the Community Development Program

The actual process of community development in Valley's End and Campville was carried out through the work of citizens' committees and meetings arranged by the project staff between the citizens and representatives of public agencies. The process began with the formation of community improvement associations in both communities. These, which were an outgrowth of the community-

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[3]Thomas E. Woodall, *Design for Action: Community Problem Solving in Disadvantaged Communities*, (Morgantown: Office of Research and Development, Appalachian Center, West Virginia University, 1968), p. 5.

wide organizational meetings, in turn formed citizens' committees to study specific community problems and determine what action should be taken.

The committees focused on the following areas: education; health; roads; welfare; housing; utilities; and recreation. After a series of meetings and considerable study extending over a period of six weeks, the committees prepared reports which were basically statements of the communities' needs as the committees' members perceived them.[4] Because residents were limited with respect to ability to produce written reports of their meetings, some of their sessions were tape-recorded, and edited transcripts of those meetings were subsequently produced in mimeographed form by the project staff. The typescripts served as the formal reports of the committees. When available, these drafts were circulated among the residents of the communities.

The meetings between the citizens and the representatives of a variety of public agencies, which came to be called community improvement workshops or the "Agency to the People Program," were suggested and arranged by the Special Needs Project staff. The aim of the workshops was to engage citizens and agency representatives in problem oriented discussions intended to generate designs for action programs which would help solve the problems that the citizens had themselves identified.

Agencies represented in the workshops held in each of the two communities included: Office of Economic Opportunity; State Road Commission; Public Service Commission; State Health and Welfare Departments; County Boards of Education; Farmers Home Administration; Department of Employment Security; and Vocational Rehabilitation.

The format of the workshops consisted of the following five-step agenda: (1) introductory remarks by the community leaders and the project staff member; (2) statements by each agency representative concerning the role of his agency; (3) presentation of the findings and recommendations of the community improvement committee; (4) discussion of each identified community problem by a different group of appropriate agency representatives and committee members; (5) a general summary session to outline potential solutions and plans which had been developed. The workshops were attended by interested residents of the communities as well as by the members of

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[4]"Survey of Road, Health, Education, Welfare, Utilities, Housing and Recreation Problems of the Community of Campville" (Campville, West Virginia: Campville Community Improvement Committee, 1967) mimeo; and "Survey of Health, Education, Roads, Utility and Housing Problems in the Community of Valley's End" (Valley's End, West Virginia: Valley's End Community Improvement Committee, 1967), mimeo.

the community improvement committees. In Campville the workshops attracted an attendance of 100 people while in Valley's End, which was by far the smaller of the two communities, 15 attended.

In the view of the staff member responsible for the workshops, a significant outcome was that perhaps for the first time the needs and problems of the residents of Valley's End and Campville were brought to the attention of appropriate agencies. And, further, this was accomplished in a setting which encouraged a coordinated agency approach to problem solutions.[5] Apparently as a result of the workshops, a number of agencies pledged their support and cooperation, and tangible progress toward the solution of several community problems occurred.

According to the project's 1967 report:

> As a result of the community improvement workshops, a number of projects have been carried out in the communities or are in the process of implementation. In Valley's End tentative plans were developed for a community water system through the cooperation of the Farmers Home Administration and the local community action program. The recommendations of the Valley's End Community Improvement Committee in the area of road problems were taken into consideration by the State Road Commission and work was begun on implementation of recommended improvements. Health Department officials agreed to obtain a permit for the community to dump garbage and trash at officially designated locations within the county. The Health Department also advised community leaders on how to deal with a large body of stagnant backwater in the community which served as a breeding ground for mosquitoes. The State Road Commission, the C and O Railroad, and the local board of education discussed possible alternatives for dealing with the dangerous railroad crossing .... Natural gas service is also completed to the community of Valley's End after much work during the previous two years ....
>
> In Campville, natural gas service has been extended to 102 additional community people as a result of joint plans arrived at by citizens, the Public Service Commission, and gas company officials. Plans have been developed for implementation of a community water system through the cooperation of the Economic Development Administration .... State Road Commission

[5] Thomas E. Woodall, *Design for Action: Community Problem Solving in Disadvantaged Communities*, op. cit., p. 8-10.

> crews have carried out some of the committee's recommendations and continuous follow-up contact has been maintained by the Road Committee and State Road Commission at the county, district and state levels . . . Adult Basic Education classes have been established at the local elementary school in cooperation between the community's education committee, the local board of education and the Adult Basic Education Supervisor for the county.
>
> . . . recreation committee members were able to develop plans in cooperation with the Board of Education's recreation supervisor for both day and evening recreation for children and adults. This included transportation for children to a swimming pool for weekly swimming lessons under the supervision of competent instructors. A Boy Scout troop was formed through the initiative of a local AFDCU recipient who volunteered to serve as scout master and organize the local Boy Scout Committee to meet with Boy Scout officials. Residents also indicated the need for further health services to be offered at the community level where more citizens could avail themselves of these services. As a result, a cancer clinic was set up in the community at which 67 women participated in the clinic program.[6]

Other community developments occurred later on in Campville, including the conversion of an old tire shop into a community center and library and the acquisition of books from the West Virginia Library Commission and through donations. The center, staffed by community residents who were responsible for the maintenance of books and materials, was also used for parties, classes, dances and community-wide residents' meetings.

From the beginning of the community development efforts in 1965, the preschool center in Valley's End had also served as a community center. Over time the center became the hub of community-centered activities and was used for a variety of purposes, including meetings. One of the uses to which the center was put was the housing of operations required for the assembly of a community newspaper which was established in the summer of 1966 with the assistance of a VISTA volunteer. The Valley's End Community Press, as it was known, was the outgrowth of a suggestion of the project staff and served for some time as a vehicle for informing community residents about their improvement program.

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[6] Mary W. Pullen and Thomas E. Woodall, *Annual Narrative Report 1967: Low Income F.E.S. Project* (Institute, West Virginia: Appalachian Center, West Virginia University, 1967), mimeo, pp. 4-6.

However, in Valley's End the project experienced several major difficulties late in 1967 which apparently had the effect of stimulating local controversy and straining the relationship between the pilot project staff and the residents. Thus, community development activities significantly declined by 1968. While some progress was made in correcting these difficulties during the year, the staff was not optimistic about the future. According to the report prepared by one of them, it was not completely clear by late 1968 if the community would experience even more fragmentation or would regain its cohesiveness and solidarity.[7]

Evaluation

Based upon available evidence it appears that the community development program had at least three interrelated results. First, the community development program produced a greater awareness of the pilot project outside the communities, and obtained more services for the communities from nonlocal public and private agencies than would otherwise have been forthcoming. Approximately sixty agencies, organizations, and private companies donated services, offered assistance, donated supplies, and provided speakers. These groups ranged from local supermarkets, clubs, and businesses to state agencies and organizations.

Examples of the diverse groups that participated in the project are the West Virginia Department of Natural Resources, the American Red Cross, the West Virginia Department of Natural Resources, the American Red Cross, the West Virginia Library Association, the Good Neighborhood League, the Marines, West Virginia State College students who served as tutors, a theatrical group, the Cancer Society, churches, and women's clubs. In this respect, the program succeeded in demonstrating that the Extension Service can be instrumental in bridging the gap between disadvantaged rural nonfarm communities and outside sources of assistance.

Second, the collective efforts organized by the project staff and used to obtain more services demonstrated to the residents the value of organization itself in the solution of problems.

Third, according to the project staff, the residents who attended the meetings, served on the committees, and otherwise participated in the community development activities experienced the growth of interpersonal skills, conceptual abilities, and other traits necessary for the successful management of other situations or opportunities which might produce personal or community betterment. Although the last

[7]Thomas E. Woodall, *1968 Annual Narrative Report* (Institute, West Virginia: Appalachian Center, West Virginia University, 1968), mimeo, pp. 1-2.

mentioned probable outcome is especially difficult to verify, it seems apparent that the community development program was a productive component of project activity both in Valley's End and Campville.

In Campville, for example, residents who participated in the community development phase of the project apparently gained enough confidence in their new leadership roles to challenge the community's entrenched political leadership. One staff member described the changes that occurred in the community:

> While the old line leaders still function and have their sources of power and influence with county political figures, a new group of leaders has emerged which takes the route of organizing for political power and seeking objectives as a bloc outside the framework of the old structure. For example, if road improvement is sought this group will organize and go directly to State Road officials, beginning at the county level, and proceeding to the State level if they cannot obtain satisfaction at a lower level.
>
> The struggle for leadership continues, but it is unlikely that community people, awakened to the realization that they too have political power through organized confrontation with the system, will ever again be acquiescent in the face of control by a handful of the party faithful.

Another staff member added the following observations:

> I don't think that (the Campville political leader) ever realized what happened in Campville, where they have developed another group of leaders. They start going ahead without checking with her. And they are all going on their own. Really, her power was broken. And in recent elections they have shunned this. She hasn't controlled the votes either. Her political power is thrown. But part of this is a result of the skills these people have developed. Initiative they got out of the project.

There may also have been benefits in the form of an altered relationship between the residents of the communties and the pilot project staff. At least one staff member felt that before the community development program was begun, the residents of the communities had perceived the staff to be concerned primarily with problems of individuals and families. However, as the program developed, the people seemed to acquire a broader conception of both the role of Extension agents and the potential outcome of

project activities. Further, the staff members themselves became aware of a broadened potential for their efforts in working with the people.[8]

However, considering the broader dimensions of the problem of social and economic development in disadvantaged rural areas, it is not clear that the outcomes of the community development program were of unmixed benefit. A cautionary note seems appropriate, especially in interpreting the outcome of efforts to obtain more government services for the two communities. The issue is one of limited governmental resources and economies of scale.

To the extent that a surplus of governmental services is available and the project simply facilitated the attainment of a fair share of these services by the communities, there is no issue. Neither is there an issue in arrangements for an increase in private services which the communities paid for, such as garbage collection in Valley's End.

However, to the extent that governmental resources allocated to the two communities were deductions from other uses which might have been made of them, and it is likely that they were, and if the public benefits obtainable from alternative uses would have been greater than those obtained in the communities, then it is possible that the broad impact of the community development program was undesirable.

On humanitarian grounds there can be no quarrel with the increased opportunities for decent living and personal fulfillment in the three communities. We would not dispute that there *ought* to be sufficient governmental resources to provide the levels of community services necessary to support such opportunities for everyone. However, the economic reality is that sufficient resources do not exist under present conditions in West Virginia and other states with comparable economic problems.

For maximum long range improvement in social and economic benefits for the largest number of people, a choice may have to be made between a strategy of selective investment in programs with the highest potential for generating fundamental changes in social conditions as opposed to one which stresses more-or-less piecemeal attempts to patch up problems in every community.

Obviously we are unable to formulate a reliable answer for the issue we have posed and, moreover, it is not likely that the necessary data could be obtained in any practical manner. Nevertheless, since this is a report about a pilot project which could be replicated in other communities in the future, it is worth noting that community development efforts aimed at citizen action to obtain more

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[8]Thomas E. Woodall, *Design for Action: Community Problem Solving in Disadvantaged Communities*, op. cit., p. 6.

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resources from the public sector may or may not be ideal from a social and economic perspective broader than that of the communities which actually receive more governmental services.

Based on observations made during visits to the three communities in 1968, it is suggested that physical improvement of the communities had the least chance of success of any of the components of the community development program. In areas of the communities most in need of improvement, housing, roads, and other physical features had deteriorated to the point where massive amounts of outside assistance would have been needed to achieve more generally acceptable levels. On the other hand, improvement in human services, transportation, and maintenance was less obviously problematic.

Nonetheless, it is doubtful that small, isolated, rural communities will in the foreseeable future receive the help necessary for even such improvement because of the lack of public funds.

CHAPTER SEVEN

An Analysis Of Achievements And Problems

Introduction

In the preceding six chapters of this report, the goals of the West Virginia pilot project, the characteristics of the test communities, and the four major component programs of the project were described in some detail. This chapter turns to a summary and analysis of project accomplishments and the problems detected in project design and administration. The aim is to weigh the outcome of the project against its objectives, and further to assess the strengths and weaknesses of the process by which the objectives were pursued.

From an ideal point of view, the data for this chapter should have been obtained from both project staff and residents of the three communities. However, we were able to obtain data only from the staff. At the time that follow-up interviews in the communities would have been most appropriate, the staff believed that any further efforts to obtain information from the residents would have alienated them to a degree that would have hampered future work in those locales. Moreover, even if follow-up interviews with residents had been possible, there were not sufficient resources available for the evaluation effort to conduct the number of personal interviews which would have been desirable. Thus, the analysis in this chapter is based on data obtained from those who participated in varying degrees in the design and implementation of the project. These data provide a good basis of information for analysis of the project process but are less adequate in helping to gauge the impact of the project on the lives of the residents of the test communities.

The data were obtained from relatively unstructured interviews conducted in state, area, and local Extension offices in West Virginia and at Federal Extension Service offices in Washington, D. C., in 1969 and 1970.[1] Those interviewed included the two officials from the United States Department of Agriculture most involved with the project and the following people from the West Virginia Cooperative Extension Service: five county extension workers closely connected with the day-to-day activities of the project; an instructor in the health program; two area extension workers; the extension director of the area embracing the three communities; four persons who had served as state program leaders in 4-H and women's Extension

[1] See Appendix E for a copy of the interview schedule.

during the project; and the director of the University's Cooperative Extension Program for the greater part of the time the project was underway.

The interviews were conducted and tape-recorded by several of the principal investigators in this research and were later transcribed.[2] The questions asked during the interviews were designed to elicit the respondents' views about the goals of the project, the problems it encountered, and how well the available resources were identified and allocated to solve those problems. In addition, the interviews were structured in such a way as to permit both estimation of the extent to which those most closely associated with the project's execution were committed to accomplishment of its purposes and the extent to which the project was a learning experience for an organization working with new and different clientele.

Summary and Interpretation of Project Goals and Methods

The major goal of the Special Needs Project, as originally conceived, was to develop new knowledge concerning the problems and potentials for success of various approaches to university Extension work with the rural disadvantaged. The project was the outgrowth of recognition on the part of those who were responsible for its conception within the Federal Extension Service and the West Virginia University Center for Appalachian Studies and Development that the post-World War II era had seen the growth of a new kind of rural poor, with different problems and different needs than those which had confronted the citizens of rural areas in the earlier years of the century. Further, it was recognized that although some Extension programming was being directed at the poor, the most isolated and disadvantaged, who needed help the most, were not being reached by Extension; and that, in addition, the tried and tested programs which had been proven to work well with other client groups would need to be modified, or new programs developed, to work effectively with the new rural poor. Thus the project, in the process of seeking information concerning ways of helping the poor, was also a test of the ability of the West Virginia University Extension Service to adapt its staff and the structure and content of its programming to new demands.

It was implicit within the goal of the project that residents of the test communities were to be helped to achieve improved levels of social and economic welfare. In the judgment of the evaluation team, as based on the interviews with the project staff, this intent was of

[2] The transcriptions are on file in the Office of Research and Development, West Virginia University.

paramount concern to those staff members who worked most intensively with the residents.

Thus, although the goal of the project could have led to experimentation with programs at the expense of the people they were ostensibly designed to assist, the attitudes and motives of the staff tended to emphasize efforts to maximize benefits to the people. On the other hand, it is not clear, as will be shown, that the methods and programming of the project were adequate to fulfill the staff's intent.

In retrospect, the goals of the West Virginia pilot project seem to have been both worthwhile and realistic. If they had been met fully, there could have been a substantial long-range contribution to the solution of an important problem of rural America. At the same time, the benefits to the citizens of the immediate test communities could also have been great.

There was basic agreement among the project staff about these goals, especially as stated in their general and abstract form. At the level of abstraction in which we have presented them, the goals did not seem to change over the life of the project. Staff interviews suggest, however, that at the level of program operations, there was less continuity, and subgoals and methods did change over time.

There seemed to be at least two major reasons for changes in specific program emphases and goals: for one, the responses of the people to the programs were difficult to predict, and subgoals and methods had to be adjusted accordingly; and, for another, changes in the project staff tended to inject new ideas and new program capabilities into the program planning process. One of the staff members, commenting on the early childhood education program, had the following to say:

> It had been envisioned originally that we would have the children in one room, working with them in a nursery school situation while the mothers would be a captive audience in another room, and we could work with them on nutrition or on homemaking skills or something like that. Well, it became evident very quickly that the mothers were absolutely fascinated by what we were doing with the children — and it turned out then that we had a class in family relations and child development.

Another staff member stated the problem as follows:

> The project plan suggested that we ought to see what we thought the University could do toward helping with the problem of poverty — the goals, such as to improve the quality of family living, changed over time. You see,

> everytime a new planning group got together we formulated new goals and objectives — it depended on who was working on the project. We had changes in personnel and it tended to be a question of who was interested in what.

As has been indicated in previous chapters, project records establish that programming emphases and goals did, in fact, change over time. Starting with an original thrust in early childhood education programs and work with the family in the home, the project added a health component when the opportunity presented itself; began a recreation program; saw the withering away of the early childhood education efforts; and finally turned to a major emphasis on community development. Although the shifting of program priorities and goals over time could have been expected considering the frankly experimental nature of the project (and was probably both inevitable and necessary to carry out the intent of the project), we would suggest that shifts in program emphases were in part responsible for what seemed to be a lack of adequate follow-through on certain programs.

Flexibility in project design was no doubt necessary, but it seemed to become, unfortunately, a substitute for an overall conceptual strategy which could have led to greater integration of programs through the life of the project. The need for a conceptual strategy will be discussed in subsequent pages.

Despite the changes in specific subgoals and methods, the basic philosophical thrust of the Special Needs Project remained essentially constant through program changes. The basic thrust emphasized the use of more-or-less traditional Extension methods to facilitate change and development within the disadvantaged. The change was felt to be necessary to assist them in adapting to the nature of the social and economic structure they faced. As one of the area staff members phrased it:

> Techniques were to be those that were applicable to Extension, so that they could be duplicated elsewhere in Extension programs . . . it was to be a family approach . . . we were trying to make up for some of the cultural gaps that the people had that would prohibit them from becoming productive citizens, that made them less able to participate in the school system, for instance. Many of them were dropouts before they started because of cultural gaps. So generally it was to provide those kinds of things middle-class society provides as a matter of course to the youngsters. It was also to increase homemaking skills with the parents, or with the wife, and also increase the income of the family, and also as a family unit in that

community to cope with their problems and be able to come up with some kind of solution. It was hoped they would develop the capacity to solve many of their own problems. This was the fundamental goal that we had at the beginning.

In carrying out this philosophy the staff tended to rely on common methodological approaches which cut across the lines of the different program components. In each program a key function of the staff was to organize the citizens of the communities so that services could be delivered efficiently to them. For example, in the early childhood education program an informal organizational structure facilitated the development of the experience centers, the contributions of the mothers to classroom sessions, the assistance of the fathers in providing the physicial facilities, and the general support of the community.

Similarly, considerable organization work was necessary to ready the residents of the communities for the health examinations and insure their presence on the appointed day. The recreation program depended on organization of the people for the development of the recreation areas and for general support, and the community development program depended upon the creation of a formal organization of community residents.

Each component of the project was also dependent upon the carrying out of an educational function by the staff. This function is illustrated in the informal problem solving and information giving which went on during home visits; in the instruction provided by the staff members in the experience centers, the health classes, and the recreation sessions; and in the supportive role played in assisting the community development study groups to define community problems.

Two additional staff functions were indispensable to the conduct of the health program and the community development program. In these instances, it was necessary for the staff to create an organizational structure to link human service agencies and professionals, and public service agencies, to the communities, and then assist in working out a system for delivery of the services. The successful accomplishment of these functions was dependent upon the development of effective working relationships between the staff and the agencies involved.

Thus, the fundamental methodology of the project employed the educational and organizational skills of the staff to provide citizens of the communities with new information, new skills, new experiences, and access to new sources of assistance in the solution of certain of their problems.

As we have seen in the previous descriptions of the component programs, the project succeeded in demonstrating that organizational

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structures can be created, new services delivered, and educational work carried on in an attempt to assist the rural disadvantaged. It would be difficult to dispute that there is considerable potential in this approach for improvement in the quality of life for low-income rural people. Yet, it is difficult to establish that substantial and lasting changes in the welfare of the people of the test communities resulted from the application of the goals and methods of the pilot project.

Clearly, the major thrust of project methodology embodied an approach which emphasized helping the disadvantaged adapt both to the demands of the broader social and economic system and the circumstances of their immediate situation. In effect, the aim was to encourage the fuller development and use of the social, pychological, and economic resources which the people already had or which could be made available to them.

However, in the face of the somewhat unyielding nature of the many problems they faced in the broader social and economic system, including a lack of jobs, limited public resources, inadequate transportation, and social class discrimination, there is a question as to how effective the approach could have been in effecting substantial change in the lives of the people. The problem was stated succinctly by one of the persons who served as a campus-based member of the staff for a portion of the life of the project:

> I think the focus of the project changed over time to become one of trying to find ways to help people adjust to poverty rather than finding ways to alleviate poverty. Perhaps one of the influences which led to this change is the very great difficulty involved in actually alleviating poverty.

The difficulty was centered in part on the adequacy of project strategy in the light of project goals. We are suggesting that the strategy, as embodied in the program components, was from the beginning of the project unlikely to succeed in achieving one of the implied project goals — to improve the economic welfare of the residents of the test communities. We will return to this question in the next chapter.

Although the adequacy of project strategy for raising the level of economic welfare among the poor may be questioned, this is not to suggest that there were no project achievements. The explicit goal of the project was to generate information about the problems and potentials of working through university Extension to assist the rural poor in a variety of ways. Significant experience was gained and substantive assistance was provided. We turn now to an analysis of these results.

An Assessment of Project Achievements

The establishment of the four component programs described in Chapters Three through Six was perhaps the most basic and easily verifiable accomplishment of the West Virginia project. Indeed, the success of the project staff in organizing these programs and eliciting from the residents of the communities significant levels of participation in them was a fundamental prerequisite for any positive impact which the project might have had on the lives of the residents.

The experience of these programs also provides the basis for an analysis of the merits of various methods and techniques of working with the rural disadvantaged, which was a major intent of the project. Moreover, it needs to be emphasized that the mere fact that the programs were established successfully in the isolated and deprived settings of the test communities was no small achievement.

For example, to initiate the early childhood education program required a large measure of persistence and ingenuity just to overcome physical barriers: shelter had to be arranged for and improved; there were no inside toilet facilities; water had to be carried; and much of the play equipment and educational materials had to be improvised. Enlisting the cooperation of the mothers and children also presented problems and required a considerable degree of patience, flexibility, and interpersonal skill. The problems which had to be overcome in establishing and conducting the other components of the project were at least as severe.

Thus, aside from the question of whether it is possible to measure any long-range positive impact on the quality of living in the communities, it can be argued that creating programs where none existed previously was a mark of success. If one accepts the proposition that broadened areas of choice and a wider scope of daily experience are important ingredients for improving the quality of human existence, then the creation and functioning of the programs were in themselves immediate contributions to the quality of the residents' lives.

There were, of course, concrete benefits provided by the component programs, as have been described. The health program provided medical examinations and referral services; the early childhood education program provided enhanced opportunity for the growth and development of the three- to five-year olds of the communities; the recreation program, as judged by its popularity, provided an attractive opportunity to participate in organized games, self-expressive crafts, and other recreational activities; and the community development program provided a vehicle for achieving tangible improvements in community services.

Such programs were not available at the time to other low-income communities in West Virginia, and it cannot be doubted that they did contribute to the welfare of the test communities. In this sense, the project did demonstrate the ability of university Extension to work effectively with the rural disadvantaged.

In addition, there is evidence that the project generated positive influences that extended beyond its immediate goals and boundaries. Although unanticipated at the time it was designed, the project came to serve in effect as a pilot for certain of the federal anti-poverty programs which, at that time, were being inaugurated in West Virginia by the Office of Economic Opportunity. Persons with responsibility for the Headstart program[3] at both national and state levels visited the test communities to observe the early childhood education component of the Special Needs Project. One staff member devoted practically the whole month of June 1965 to the Headstart program, providing various types of assistance, including help in the recruitment and training of Headstart teachers in the State. This staff member subsequently served as a consultant to efforts to develop Headstart programs in other isolated rural areas.

The impact of the health program was also extended beyond the project in the information which it provided for professionals in the field of public health concerned with health problems of disadvantaged rural areas. In addition, the health education program came in time to be rather widely accepted, organized, and administered in many locales throughout West Virginia, and it is at present still proving to be an important educational program in the State.

It is also a reasonable conclusion that the publicity received by the pilot project, especially within the Appalachian Center, created among Extension workers a more general awareness of the problem of poverty in all parts of the State and emphasized the challenge and potential contribution of many forms of work with the poor. In this respect the project constituted a force for change, albeit a difficult one to measure, within the Extension organization itself.

The importance of these achievements should not be diminished. However, it seems clear that the project could have achieved more in the way of lasting, concrete benefits for the citizens of the communities. The early childhood education program was allowed to expire without vigorous effort to sustain it through the life of the project or continue it through the then new Headstart program. The

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[3] "Annual Narrative Report: 1965" (Morgantown, West Virginia: Appalachian Center, West Virginia University, 1966), mimeo., p. 3.

recreation program was subject to a similar premature decline, and after a vigorous beginning the community development program also tended to gradually lose its force.

Moreover, additional ways to extend the impact of the health program might have been explored but were not. In effect, the project can be faulted for lack of sustained follow-through. An unfortunate potential result could have been to reinforce the apparent tendency of the disadvantaged to view presumed opportunity as illusory. Expectations were raised but were not adequately fulfilled. In this sense, the project failed in its responsibility to the people it was designed to help.

It would seem vital that support for programs which have been developed for the disadvantaged not be withdrawn without assurance that the programs are self-sustaining, or that their goals have been fully achieved. Difficulties in the project which may have been associated with the problem of follow-through will be explored in subsequent pages.

There are yet other ways in which the project achieved less than might have been possible. The older adults of the communities, in general, and the adult men of all ages, in particular, were not involved extensively in program activities. Associated with the tendency for the men to be excluded was the fact that insufficient attention was directed toward the problem of jobs and income. Although it is probable that the project did improve the quality of family and community life, at least in the short run, and did provide a basis for increased rates of personal growth and adjustment, especially for the children, without attention to the problem of income its adequacy as a complete test of the relevance of Extension programs for assisting the disadvantaged can be questioned.

To some degree, the lack of attention to economic welfare seems to have been associated with the strategy of the project. However, programs consistent with the philosophy of the project could have been developed to assist the men and women of the communities to acquire the skills which might have helped in finding and keeping jobs. Such programs would not necessarily have had to involve the project in the actual teaching of specific job skills but rather might simply have developed working relationships with agencies involved in job training and development. Through such relationships, those in need of work could have been helped to enroll in training or apply for jobs. Once accepted into a job or training, these persons could have been helped to succeed through the personal support and encouragement of the project staff.

In emphasizing the project's lack of attention to the economic base of the test communities, we are not being critical of the lack of an effort the project was not designed to make. The point is that the

design *was* flexible and experimentation *was* the aim. Considering these circumstances, an important opportunity to explore ways of helping to increase income may have been missed.

However, even in the process of failing in part to fulfill its potential for providing long-range tangible enrichment of the lives of the residents of the test communities, the project did generate information which could assist in the design and conduct of future work with the rural disadvantaged. Since the creation of such information was a primary goal of the project, its existence constitutes one of the important achievements of the project. This information — about the characteristics of the residents, their responses to the project, the cautions necessary in Extension work of this type, and the problems which were encountered in the organization and administration of the project — will be described in the following sections of this chapter.

Problems in Working with the Rural Disadvantaged

Early in the life of the project, the staff encountered a not unexpected tendency for the community residents to react with shyness and apparent suspicion to the overtures being made to them. This trait, presumably the result of social and geographic isolation, previous exploitation, and a lack of experience with helping agencies, was a potential barrier to project progress. Half of the staff members interviewed who had been in direct contact with the communities indicated that overcoming the suspicion of the people and communicating effectively with them was a major problem encountered in the project. Perhaps as a consequence of this problem, there was also a strong tendency for staff members to emphasize the importance of home visits, warm personal contact, and face-to-face communication as indispensable ingredients for successful efforts to enlist the cooperation and participation of the rural disadvantaged in the programs designed to assist them.

Moreover, traits which staff members mentioned as being characteristic of other staff members who had been successful in relationships with residents of the test communities were of the type which would have helped to overcome suspicion or shyness. Thus, the successful staff members were perceived to have a sincere interest in the people, to have empathy, and to be able to work with them without rejecting them because of their habits, customs, and values, which could have threatened the sensibilities of a basically middle-class staff.

Further, the importance of a patient, but persistent approach to building relationships with the residents tended to be stressed by the staff. The overriding judgment was that work with the rural disadvantaged of West Virginia required a climate of trust and

understanding between staff and community, which was much more time consuming to develop than had been anticipated at the time the project was designed.

An illustration of both the lack of experience and self-confidence which characterized the people and the large amount of staff time involved in helping to carry out programs is provided in a description of a trip to a tumor clinic, which was part of the follow-up to the health program:

> Six to eight hours were required to transport the women from their homes in the hollow and return . . . Most of the travel time was spent in trying to acquaint the women with what might happen. The agents rehearsed the women. They were instructed to be sure to tell everything to the physician. Agents frequently played roles with the women; an agent would pretend to be a doctor and ask questions and the women would respond. Upon arrival at the hospital, . . . the women found the parking lots confusing. Waiting rooms and endless forms added to their frustrations. For nonreaders, no help was provided by the hospital to help fill out forms . . . Agents went as far as the examining room door. The women were then on their own . . . Without the help of the agents the women could never have gone through the clinics.[4]

The experience of the project suggests that gaining acceptance from the residents of disadvantaged rural communities in the initial stages of a program may be particularly critical to success. The choice of program content can be as important to such acceptance as the ability of the staff to communicate to community residents. Certain members of the project staff felt, and we would agree, that emphasizing the welfare of the children and concentrating on health in the early stages of the project helped to gain acceptance.

The people were interested in the development of their children and responded positively to a new opportunity for them which promised to be both growth-promoting and enjoyable. The establishment of the experience centers within the physical boundaries of the communities themselves also made the program accessible, controllable, and less threatening than if considerable travel had been involved. Similarly, in the case of the health program there was interest because an important need was touched. As one of the staff members phrased it in her interview:

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[4] "Annual Narrative Report: 1966" (Morgantown, West Virginia: Appalachian Center, West Virginia University, 1966), mimeo., pp. 14-15.

> Health is nonthreatening because it's a personal problem and because it touches everybody, rich and poor, old and young, big and little. The approach of the health program was simple and clear-cut, and I think it had universal appeal.

It seems reasonable to conclude that establishing the basis of interest and understanding necessary for successful work with the residents of the test communities was a difficult task, and it would also likely be difficult in other similar settings. Careful planning, the choice of appropriate program strategy, and allowance of ample time for building relationships with the people would thus seem vital in the development of effective programs for the rural disadvantaged.

Another difficulty which the staff encountered in its efforts to develop programs centered on the power and status relationships which existed among individuals and families in the communities. In Campville and Eastridge these relationships were in part associated with the position and influence of the church. Churchgoers tended not to associate with nonchurchgoers, and groups composed predominantly of one or the other category would be shunned by members of the unrepresented category. If project activities included some families, other families would automatically reject participation.

Moreover, since the churches themselves were used to house programs, the problem was even more serious than it might otherwise have been. The content of programs was questioned by the fundamentalist church members on the grounds that it might not be appropriate for housing in their church, and nonmembers of the church tended to be excluded in any case.

In at least one of the communities, status and influence were structured in part by access to political patronage. Factors such as reputation and discrimination based on social class stratification were also observed to be important in the communities. Moreover, other factors which were not detected may also have been operating to shape the existing social systems. The important point is that such systems did exist and were vital forces in shaping the patterns of acceptance of the project as it developed.

Before the project began, it would have been difficult to gauge the dimensions of these systems or the nature of the problems they might create. Nonetheless, awareness of the potential barrier to program success which such systems can pose would seem vital for future work in disadvantaged communities.

Another problem in working with the residents of the communities, which was evident to the evaluation team, was the difficulty of sustaining participation in programs. Whether because of the nature of the programs, the techniques of the staff, or the social-pyschological characteristics of community residents, attendance at

program functions tended to wax and wane and, over time, participation in all programs declined.

As has been indicated, none of the programs were strong enough to survive without active staff support and guidance, and with the exception of some health education activity, all had apparently expired by the end of the project. This is an indication that the rewards of participation in the programs were not vital, concrete, or immediate enough to sustain the active involvement of the residents of the communities.

The recreation program, in particular, seems to have attracted considerable participation partly because it provided opportunities for the people to socialize and obtain satisfactions from pleasant interpersonal relations. The health education classes and the mothers' participation in the early childhood education program were to some degree probably attractive for similar reasons. These programs were learning experiences and such satisfactions were important, but since similar satisfactions can be found in other activities, there was not likely to have been a compelling drive to participate for the social outlet provided. Thus, as long as the programs were provided and it was convenient to take part in them, the people participated. However, when extra effort was required to sustain a program, the potential rewards of participation were not vital enough to stimulate active support.

Another factor which could have influenced the level of participation in programs was the lack of social and intellectual skills among the residents. The presence of such skills could have helped the residents to function comfortably in the programs as designed. To teach the children's classes or carry on community development activities, for example, would have required considerable self-confidence as well as highly developed knowledge and leadership ability. It is probable that the programs were not supported long enough for those community residents who did participate to develop such traits to the degree necessary to carry on in the absence of University personnel. Furthermore, it is apparent that too little thought or effort was given by the staff to the training of community leaders who could have carried on after the project was completed.

There is little question of the difficulty of creating educational or action programs which touch deeply enough the vital needs of people to elicit their active participation over long periods of time. The West Virginia project surmounted these difficulties extraordinarily well for a while. Yet, a lesson of the project is that successful program development requires intensive and sustained effort to provide both the skills and opportunities for need fulfillment which people must have to derive vital satisfactions from program participation.

A final problem in working with the disadvantaged which emerged out of the experience of the pilot project, and which is

important to note, is the care which must be exercised to protect the privacy and sensibilities of the people a project is designed to aid.

Because the project was experimental in nature, and because it tended to be unique at the time it was begun, it was the object of considerable interest among persons in the State and region concerned with poverty in rural areas. As a result, there was a considerable stream of visitors to the communities. Many of these persons were campus-based University staff members, some were Extension Service staff from Washington, and others represented a variety of backgrounds and interests.

In 1965 alone, approximately eighty-five persons visited the communities.[5] In the usual case, arrangements were made and an escort provided by a project staff member. Although opinions of the staff members were divided concerning the feelings of the residents about the visitations, in general it would seem that they could have felt some exploitation. One staff member, speaking of the reaction of the residents, put it as follows:

> For a while we were having too many strangers in there. It was necessary as part of a research project, but I think that in their own way, even though they never said a word, they probably resented too much outside attention. Some of them would kind of withdraw themselves until you got the stranger out of there.

In two instances newspaper publicity about Valley's End caused overt, negative reactions from the residents of the community. Although no fault could be laid to the project staff, the reaction to the second instance, which occurred in advance of a planned visit to the community by a group of religious leaders, was severe enough to completely rupture relations between the staff and the community. These events, which occurred late in 1967, signalled the end of formal project activities in Valley's End.

Though doubtlessly unintended by the authors of the newspaper articles, the interpretation of the residents of Valley's End was that the tone and content of the articles tended to degrade and humiliate them. In essence they felt they were being displayed as examples of a segment of society that was not only disadvantaged but deviant as well.

Something of the nature of the reaction of the communities' residents to publicity is illustrated by the following comment of a staff member:

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5 "Annual Narrative Report: 1965" (Morgantown, West Virginia: Appalachian Center, West Virginia University, 1966), mimeo.

> News releases caused more trouble than any other thing that developed here. We tried to work with the people, plant seed and let ideas develop with the idea that they thought they were doing it all. And then sometimes these releases would come out indicating Extension did it or West Virginia University did it, and left the people out and they would get sore at us sometimes. And sometimes the wrong slant would get out. For instance, the fellow who wrote the feature for the Sunday paper was trying to brag on the mothers who came out and helped the kids attending the experience center to go to the toilet. He called it toilet training, and the people in the community got the idea that the paper was saying the children in the community hadn't been toilet trained. Also, the experience center teacher once was using oranges and lemons and tomatoes while she was teaching colors. She'd bring in something that color and let them see it and smell it and taste it and use all the senses they could while she was teaching the lesson. Well, this was mentioned in the paper and the people of the community got the idea that they were saying that the children had never seen these fruits and vegetables before. So they got sore, and once they got sore and lost face it became a hard problem to get them worked back into the program again.

Insofar as we are able to judge, the outside publicity given the project was harmful in that the negative feelings generated among the residents of the communities limited the quality of the working relationship the staff was able to establish.

There was a feeling among the staff that the considerable amount of survey questioning and interviewing which accompanied program development had, by the end of the project, also created a negative reaction among some residents of the communities. During the course of the project there had been an initial benchmark survey of all households, a household survey of health, physical examinations, an interview survey of values among male residents of the communities, and additional questions asked in connection with specific programs, such as those which were asked in support of community development. The outcome was that by the end of the project the staff felt that there was not sufficient tolerance left among the people to assure their cooperation in a final evaluation survey.

Whether or not the feeling of the staff was accurate, the issue of the appropriateness of visitation, publicity, and research is not easy to resolve. The project was an experimental and demonstration effort, and its intent would have been difficult to carry out without survey research and some observation. Moreover, much of the survey work

was necessary to support rational planning of programs so that they might be of maximum benefit to the residents themselves and to other people in similar circumstances.

Yet, there is an ethical responsibility incumbent upon those who conduct programs to insure that program participants be protected from manipulation and exploitation for experimental purposes. In our judgment, the amount of visitation to the communities was more questionable from an ethical point of view than was the amount of survey questioning. In any event, the purpose of a visit or survey should be considered critically by a project staff and a full explanation provided to those who would be the object of the visit or survey, with appropriate opportunity provided for them to refuse.

With the exception of the amount of visitation which was judged appropriate, we cannot fault the staff of the West Virginia project for their fulfillment of these ethical requirements. The findings do suggest, however, that projects of this type must develop safeguards against thoughtless and potentially damaging publicity and must remain alert to the possibility that research can be exploitative.

Problems in Project Design and Administration

The knowledge generated by the West Virginia pilot project included not only information concerning problems encountered in working with the rural disadvantaged of West Virginia, but also insight into certain problems associated with the conceptualization and administration of such a project within the University's Extension organization.

As was indicated previously, the project was to some degree a test of the difficulties which could have been expected to develop in adapting the organizational and programming structures of the West Virginia University Extension Service to the requirements of an effort to assist the rural disadvantaged. To the extent that identification of such difficulties creates a basis of information upon which improvements in the conduct of future projects can be built, their occurrence and explication fulfills a basic aim of the project. The following discussion of these difficulties is based almost exclusively upon the results of the interviews with the project staff.

With respect to project design, it seems clear that a well developed conceptual plan, which could have provided meaning, direction, and integration for project efforts, was lacking. As a result, the component programs of the project tended to constitute somewhat discontinuous, discrete efforts which, in the absence of a superordinate program strategy, did not cumulate their impacts as effectively as possible. Although the intent of the project was to facilitate improvements in the quality of living in the test

communities, it was not apparent that there was an overall strategy of development to accomplish the intent.

Thus, the project lacked concrete, operational goals which would have provided standards against which to judge progress while the project was underway. This circumstance was no doubt due in part to the perceived need for flexible, experimental programming, which apparently guided the thinking of those responsible for the original project design. However, a clear-cut conceptual strategy with operational goals, dealing with how the project was expected to facilitate development, would not have precluded experimentation and would have provided for greater organization and continuity of effort through the life of the project.

In the absence of conceptual guidelines, there seemed to have been a tendency for the goals and methods of the project to be associated with the interests and experience of the staff members rather than with the requirements of a rational project strategy. Further, some staff members did not seem to think critically about what they were doing.

In the opinion of at least one campus-based staff member, agents who worked directly with community residents failed to plan a definite program of work and budget their time in keeping with the requirements of long-term project goals, and consequently spent too much time on beginning stages of the project. At the same time, the agents who worked in the communities complained that too little direction and assistance was provided by the campus staff. In the absence of an overall project strategy, the occurrence of such conflicting expectations does not seem surprising. To some extent, staff members seem to have looked to each other for guidance rather than to a tangible project plan.

Interestingly, the conflict which seemed evident from the interviews reveals that the criticisms which staff members directed toward other staff members centered upon aspects of the project which should have fallen within their own areas of competence.

The area and state staff tended to criticize the county staff for their deficiencies in program development (which should have been the *forte* of area and state workers), and the county workers felt that the weakness of the area and state workers was that they failed to work more directly with the community residents (which should have been the *forte* of the county workers).

According to one county worker:

> I would particularly have liked to have seen some of the area staff members who were working on the project go into the homes and work on a one-to-one basis with the people in the community. In other words, if you work with

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> someone you go out and talk with someone, and if he says "darn" you sit on a log and say "darn" also. You adjust yourself to their level to get accomplishment.

One may, of course, question the validity of such an approach to program work. However, the point is that the county workers seemed to feel that area and state workers didn't understand the people for whom the programs were intended, and the area and state workers seemed to feel that the county workers didn't understand the programs. To the extent that this is an inescapable tendency, and there is some evidence that it is, it leads to the conclusion that efforts for dealing with social problems probably should not be based on organizational specialization which separates program design from implementation.

A final observation concerning the project's lack of direction is that the emphasis which the field staff placed on enhancement of the quality of interpersonal relationships with the citizens, and the time devoted to such activities, may have been due in part to uncertainty about what else might have been done. Findings were that a feeling of lack of direction was strong among the staff. When asked what the greatest shortcomings of the project had been, of twelve mentioned by the members of the staff who had been in closest contact with the work in the communities, seven were associated with inadequate project design and direction.

The difficulties created by the looseness of project design were apparently compounded by a lack of either formal or informal in-service staff training. No obvious provision was made for providing staff members with the new skills and information which could have made their tasks easier.

This lack of training can be interpreted as being in part a result of an absence of centralized responsibility and leadership which seems to have also characterized the project. There was no full-time project director. Responsibility for the project was lodged with administrators who, although well-intentioned, had innumerable other duties which limited the time and attention which could be given to the Special Needs Project.

The result was that questions which needed to be answered and decisions which needed to be made often were not, and there was no one person the field staff could depend upon for guidance or turn to for help in obtaining resources. Moreover, a strong, full-time project director who could have facilitated communications and provided direction, informal training, and follow-through for the staff might have overcome the limitations posed by the sketchiness of project design and lack of provisions for training.

A campus-based staff member commented on the beginnings of the the project as follows:

> There was a lack of leadership .... No one knew for sure who was to be in charge of planning ... The specific roles weren't assigned early enough in the project for people to know what they were to do and start working on them .... There were too many chiefs .... Who was to make the decisions? No one knew ...

A county-based staff member commented similarly:

> There was no definite plan that I know of ever developed to get certain things done. We never knew just how much funds were available or set aside for different things ... It was a handicap not knowing who was to do what, and why .... A plan could have been written down. The different responsibilities of staff members in relation to the project could have been stated. They never were.

The desire to limit resources allocated to the project in order to demonstrate that successful programs could be conducted within normal budgetary constraints was undoubtedly a factor in the decision not to assign a full-time director to the project. In retrospect, it appears that it would have been preferable, even at the risk of injecting a special element of expense into project administration, to have had a full-time director. Especially in the case of a pilot project which was as new in program requirements and as important in implication as the West Virginia project, it would seem to have been imperative to have a special director.

Furthermore, the importance placed upon assigning such an administrator to this pilot project would not necessarily have implied a similar importance to regular programming which might have subsequently evolved. Problems which can be expected in a pilot effort would normally require special administrative resources unnecessary for regular programs.

In general, the limited financial resources of the Special Needs Project seem to have created problems. It is difficult to establish whether the project grew out of proportion to the original plan and consequently there were insufficient funds available, or whether there was an original miscalculation of the resources which would be necessary. In any event, the staff in general was critical of the lack of finances, and their complaints seemed legitimate. There was a lack of information concerning whether funds were available to purchase items as simple as straw for archery targets and wood to make blocks for the experience centers.

Although a degree of the difficulty could have been due to the time element involved in the University's purchasing procedures, the result was that the staff was often forced to do without needed materials or services, to improvise, or purchase items with personal

funds. Whatever the reason, there was not an adequate matching of project goals to the resources available to accomplish them.

An additional problem in project administration, not unrelated to questions concerning the adequacy of training, resources, and project direction, was a conflict of demands on the time of county Extension workers assigned project responsibilities in addition to their normal duties. The expectations of groups and individuals with whom county staff members had worked regularly over an extended period of time previous to the project were apparently a coercive factor in decisions about how the work time of the staff member was to be allocated.

Without training or special guidance, or the willingness to let traditionally served client groups fend for themselves, the management of such conflict was difficult for the staff. One of the county staff members assigned to the project complained:

> The project was dumped in our laps all at once with the direction that we spend much time on it. But county Extension workers are full-time employed people and can't get all the jobs done that they would like to get done anyhow .... It was an added strain to take time from programs and projects already planned. The people of the county just didn't appreciate it. I tried not to talk about it to too many people .... If more of the project had been done by staff that was employed to do it, I think we would have been better off.

Although we would not agree with the opinion that a special staff should have been employed for the project, we would not minimize the problem which a county staff member tends to face in such a situation. Changing the nature of one's role in the face of strong expectations not to do so is a difficult task. The object of the pilot project was, however, to effect a change in programming direction within the established structure of the Extension organization. Thus, a change of role for the staff members involved was necessary, and the attendant conflict perhaps inevitable.

It seems apparent that such conflict would have been particularly severe for staff members who were committed to work with conservative middle- and upper-income groups in their counties. The attitudes of such groups toward work with the disadvantaged could have been especially negative and repercussions for the staff members particularly difficult to manage.

That such conflict existed is not surprising considering the norms which Extension has evolved over the years. According to one area worker:

> The Extension Service, the way it's staffed now, has traditional people. If the Extension Service is going to make any sort of contribution it's going to have to forget its tradition and just get down to where the folks really live. Now I think it's hard for some of the Extension Service to do this because we have a rags-to-riches syndrome, which is probably the worst thing you can have. If we just had three or four people on the state staff who really understood this they could pull a few strings and get resources. But if you are going to work in poverty, it ought to be a full-time job. If you can work 4-H and Home Demonstration into it, that's okay too. But if you can't, we shouldn't be overly concerned.

These comments illustrate the difficulty of shifting an organization from one purpose to another. They suggest that the project's output had to be structured to some extent to conform to Extension's norms, and this more than likely hindered rigorous experimentation with new goals, methods, and techniques, inasmuch as professionals are not usually willing to exchange their customary way of working for that characteristic of someone else's profession. Thus, the role conflict of some of the staff may have limited the project with respect to both its quantitative and qualitative input.

There is some indication that a somewhat different type of role conflict may also have caused a degree of difficulty for certain members of the on-site project staff. Evidence of this conflict is contained in the interview responses of staff members who felt that the personalities of certain fellow staff members tended to clash with the requirements of successful work with the disadvantaged. Although it is difficult to establish that this was a principal problem of the project, it is reasonable to conclude that work with the disadvantaged creates special demands on an Extension educator, and that assignment of personnel to such work without attention to their ability to meet and react positively to such demands could lead to frustration and a corresponding lack of aggressiveness in carrying out work responsibilities. It would consequently seem important that staff who work with the disadvantaged be selected carefully and, especially if assignment of staff is necessary, that active attempts to train staff and enlist their willing cooperation be included within project design and administration.

A final problem in project design was the failure to include from the outset of project activities a systematic research and evaluation effort. In a sense, this was the most serious shortcoming of project design. For without the objective study and recording of the experience and impact of the project, which a systematic evaluation would have provided, the major purpose of what was conceived to be

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a pilot project could not have been adequately fulfilled. The West Virginia project was intended to generate basic information upon which to build improved future programs to aid the disadvantaged; yet, annual reports, of doubtful objectivity because they were prepared by the project staff themselves, were the only means used to weigh progress toward project goals.

Moreover, assessment of the extent of project success is not all that a systematic evaluation concurrent with project administration could have provided; evaluation might also have generated insights which would have supported action to correct problems and strengthen programming even while the project was underway.

Thus, the lack of an intensive research and evaluation effort tended not only to negate the long-run goal of developing improved programs, but also tended to limit the effectiveness of the immediate impact of the project on the welfare of the people of the test communities.

To facilitate maximum effectiveness of an evaluation strategy integrated with program efforts, a project staff itself must be willing to cooperate with the evaluators. In most cases, to build such cooperation will require inclusion of the staff in planning of the evaluation and incorporation of the topic of evaluation in inservice training.

In the usual case, a project staff will naturally be concerned most about program administration and will tend to perceive evaluation as an unwelcome intrusion or, perhaps, even as a threat. The interview responses of a number of the pilot project staff seemed to reflect such tendencies. That this should have been the case among members of the staff of a demonstration project which existed primarily to be evaluated is additional evidence of an unmet need for staff training.

It is only fair to point out that many of the programs of social innovation initiated by the Federal Government during the 1960's included evaluation, if at all, only as an afterthought. The West Virginia Special Needs Project was probably not much better or worse than most of these programs. It is hoped that in the future innovative programs will incorporate more precise and systematic plans for evaluation.

CHAPTER EIGHT
Alternatives In Extension Work With The Rural Disadvantaged

Introduction

A principal aim of the Special Needs Project was to provide the disadvantaged citizens of three communities with new opportunities for educational experiences which would foster personal development and the acquisition of traits needed to gain entry into the mainstream of society. To a lesser degree, the project also sought to facilitate the delivery of needed services, such as gas, water, transportation, and medical services to the communities.

In the present chapter we endeavor to assess the provision of educational experiences and community services as a method to aid the rural disadvantaged. A major concern is whether the component programs of the project were adequate methods of assistance in view of the difficulty of the barriers which apparently had to be surmounted to improve the life circumstances of the residents of the test communities. Attention will be directed as well to other possible programs and methods which were not attempted but which might have applicability for future programs of assistance for disadvantaged persons in similar situations.

Critical Assessment of Project Strategy

The strategy of attack on the problems of the disadvantaged which was employed in the project was fundamentally educational and focused on the individual and the family. The achievement which the strategy envisioned was a process of change in the residents of the communities leading to their greater acceptance of and adaptation to the mainstream of American values and, further, to their personal development toward fuller lives and optimum utilization of potentials.

Thus, there was emphasis on early childhood education as preparation for first grade; on improved health attitudes and habits; on growth in skills of communication, organization, and group process; on improved use of leisure; and on the development of self-confidence, motivation, and the ability to express oneself.

While it is possible that the changes apparently generated in the knowledge, skills, and attitudes of the residents brought some improvement to the quality of their lives, the strategy was seriously lacking in the means to improve their economic welfare. There was, of course, a potential economic benefit to be derived by the people of the communities if the successful acquisition of habit patterns and

attitudes which were normative in the wider society would have proven to be instrumental in bridging the gap between the isolation of the people and their fuller participation in the labor market. Improvements in employment status and increased income could have resulted.

However, considering the serious barriers to economic self-sufficiency which confronted the people of the communities — such as a lack of employment opportunity, stringent employment standards stressing formal educational achievements and employment test results, inadequate transportation, low wages, the expense of job hunting, and lack of access to adequate health care — the educational measures which the project brought to bear do not seem adequate to have accomplished a very substantial improvement in economic welfare. The economic, social, and psychological resources of the residents were meager, and, in the face of barriers in their social and economic environment, there were severe limits on what they could have accomplished without modification of the environmental barriers themselves.

In general, programs intended to enhance the economic welfare of rural, nonfarm, low-income groups tend to confront greater difficulties than programs of similar intent designed for farm families or persons with middle-class characteristics and advantages. Farm groups or those with essentially middle-class status, as compared to the nonfarm disadvantaged, tend to possess greater assets both of an economic nature, such as land and other property, and of a social and psychological nature, such as conventional attitudes and values.

In part because of such assets, opportunities for translating growth in knowledge or changes in habits and skills into increased economic welfare seem greater for farm or middle-class groups. Such groups are less isolated socially and have greater access to conventional modes of economic progress. In effect, the social and economic system is more open to them and it is thus more possible for them to capitalize upon educational experiences.

It seems apparent that the methodology of the West Virginia project failed to account sufficiently for the magnitude of the problems which impede progress toward economic self-sufficiency for rural nonfarm people. As was suggested previously, the methodology of the project may have made the lives of the people brighter — and that is an important accomplishment — but without an impact on the economic welfare of the people, there could have been only a minimum contribution to the long-range solution of many of their most important problems.

To have made a larger contribution, the project would have had to effect a change in the social and economic environment which confronted the people of the communities. To accomplish this, greater effort would have had to have been made to adapt the social

and economic system to the needs of the people, rather than to adapt the people to the system. Thus, efforts might have been pursued to work with agencies and institutions which could have created new programs of job training. Ways of providing assistance in job hunting and mobility to new job locations could have been explored. Work with the educational system could have also been attempted to change practices which force out low-income children. As the project was designed and administered, there was only a limited chance that such program efforts would have evolved.

It is obvious that the nature of the methods and programs which evolved over the course of the project was influenced substantially by the traditions and customary methodologies of the Extension Service. This is not surprising, nor is it necessarily a criticism of the project. However, it can be questioned whether methodological orientations developed in response to the needs of Extension's traditional clientele groups could have succeeded in the test communities without more extensive modificiation.

The question is illustrated by the comments of one of the project staff members who had worked in the communities:

> I think in this project we just went back in Extension fifty years and tried some of the things that they were doing in 1900. Those are the things that reach a group of what you might say are poor, hard-working families. But for the ones in the culture of poverty, I'm not sure that method works. They are a group of people without that basic outlook on life. We need some completely new methods of working with people, and I'm not sure what they are myself.

Reasons can be advanced to explain why the experiences gained by Cooperative Extension during the course of its existence would not necessarily be transferable to the type of problems faced in the Special Needs Project. Traditionally, Extension programming has maintained the following goals: improving the efficiency of food and fiber production; enhancing women's home production and social skills; and providing opportunities for maximum development of young men and women in rural counties and communities.

The essence of this strategy was to transport innovations in food and fiber production from the campus to the farms. The success of the strategy was based upon the potent force of the farm families' economic self-interest which could be depended upon to support these efforts and perpetuate improvements in family welfare which they generated. While difficulties were encountered in attempting to introduce new agricultural technology which seemed to threaten

traditional ways of the rural-agricultural family and an extended social life, they were dispelled by Extension's demonstration projects which illustrated that application of the new technology could result in improvements in living standards with only minimal financial investment.

Moreover, because of the resources already possessed by farm families, and those which could be provided by Extension itself, such improvements were well within the reach of most of the families which were contacted. The rest of Extension's traditional programming, which consisted largely of programs to train youth and women to produce the amenities of middle-class life, was also an outgrowth of the economic self-interest of farm families, since middle-class standards were more achievable with rising agricultural productivity.

In comparison, the West Virginia pilot project was aimed at change among people who possessed neither assets that could have been invested to produce short-run economic gains, nor the need or ability to support a middle-class standard of living. In other words, when the project began, the residents of the three communities were more than likely in a state of equilibrium with the opportunities in their social and economic environment.

Thus, a more effective project strategy would have sought simultaneously to change the environment as well as the residents' habitual responses to it. If new opportunities for the enhancement of economic welfare could have been created or identified and the residents helped to take advantage of them, important rewards would have been fairly immediate.

Continued participation in Extension programs on the part of the residents and additional improvements in the quality of their lives could reasonably have been expected under such circumstances. The difficulty of implementing such a strategy would, of course, have been great. However, for the project to have been successful in achieving lasting improvements in the lives of the disadvantaged of the test communities, it is difficult to perceive any other effective alternative.

Without the guidance of a well developed strategy including approaches to the enhancement of the economic welfare of the communities' residents, the primary focus of the project seemed to emphasize community organization and the development of interpersonal skills among the people, not so much as means to the improvement of life conditions but as ends in themselves. The problem was not that the development of organizational and interpersonal skills was necessarily irrelevant to significant improvements in the welfare of the people, but that with the exception of certain of the community development activities, there were no concrete goals toward which such development could be aimed.

For example, the recreation program, the home visits, and aspects of the community development program seemed to emphasize the facilitation of better relationships among the residents themselves and between the staff and the residents. Although we would not deny that the development of such relationships was probably an indispensable first step toward effective action to solve the pressing problems of the communities, the project seemed to encounter difficulty in progressing beyond this step. The development of such relationships may also have constituted a basis for personal growth and need satisfaction among the communities' residents, but that is difficult to prove, and there were pressing problems of health, education, and welfare to be attacked.

In effect, we are suggesting that in the absence of specific plans stating how to assist the residents of the communities, the project staff concentrated their energies on group procedures and interpersonal relationships. This concentration became an end, providing an illusion of effective assistance when in fact more could have been done to attack the sources of a number of concrete problems facing the communities' residents.

If there was a tendency to stress experience in group process in lieu of more specific measures to attack the social and economic source of problems, it was not a characteristic unique to the pilot project. An emphasis on group processes, which tends to over-psychologize the process of social change, has developed in a number of contemporary approaches to change, such as in certain aspects of the Community Action Program of the Office of Economic Opportunity and in excessive applications of laboratory training in attempts at change within organizations.

To the extent that organization of the people of the communities and the development of their interpersonal skills could have been coupled with additional economic assets or the power necessary to alter environmental circumstances, an emphasis on group process might have been an effective means to assist the communities. As it was, such power was lacking and the emphasis on personal relationships seemed somewhat aimless.

The degree to which the Special Needs staff spent their energies on maintaining personal relationships with the residents of the communities is illustrated in the following comment:

> We adjusted into a pattern of where we were the most comfortable and got the best results. Maybe somebody would call and ask me, "Well, why is this person in the community?" Maybe we hadn't got word around to a guy and a stranger knocked on his door and said "Hi, I'm with the project". I'd get a phone call at night saying, "Well so-and-so was out here and trying to ask a

bunch of questions — we told him to come back tomorrow . . . " I spent most of my time, or quite a bit of time, checking out these little rumors that might be starting and spending time with individuals, the ones that were affected, to keep the whole thing together.

Indeed, the interviews indicate that in the absence of a more specific overall program strategy which could have been implemented by the county-based staff members, they evolved a work program which tended to center around getting to know the community residents and maintaining cordial relationships with them. While such relationships were no doubt indispensable for any work in the community, in our judgment they consumed staff attention to an extent which hindered progress toward further project achievements.

As was mentioned in the previous chapter, the strategy of the project which emphasized improvements in the delivery of services to the communities may also be questioned on the grounds that it may not constitute a rational plan for the economic development of West Virginia. In the opinion of some economists, attempts to deliver equal amounts of social and human services to every community in the State, regardless of its isolation, possible growth potential, or the diseconomies of scale involved, can only be done at the expense of overall economic growth.

The problem is that under present and foreseeable public revenue collection systems, there will be insufficient funds for West Virginia to support both a vigorous growth strategy and an equitable distribution of services to every small, rural, nonfarm hollow community. Thus, those who favor a growth strategy stress the urgency of stepped-up public expenditures and program development in the larger growth centers of the State, which could conceivably result in greater long-run benefits to the large and smaller communities alike. Such a growth strategy might well include plans to induce the gradual elimination of the most isolated hollow communities through the development of incentives to encourage the emigration of people to locations which would permit the more efficient delivery of social services.

However, on moral and humane grounds, as long as people continue to live in isolated, disadvantaged communities, it would seem important that whatever can be done within available means to promote their fullest development should be done. The critical question centers on the extent of the resources which should be made available.

In addition to questioning the economic rationality of certain elements of project strategy, questions concerning economic feasiblility can be raised about others. The home visits and the health

examination program in particular stressed a personalized one-to-one problem-solving relationship between staff professionals and community residents.

Although there may be no shortcut to using professionals to relate to the disadvantaged in this manner, the expense of such a strategy and its limited applicability to a more general attempt to assist vast numbers of the rural disadvantaged needs to be recognized. A one-to-one strategy reflects a conception of poverty which stresses that the roots of the problem are to be found in individual inadequacies. The difficulty is that there are not enough professionals available to conceptualize poverty in this way — as if it were a phenomenon which reflected individual failure or pathology and which could only be treated by individual professional counseling and attention. Such a strategy could be made more feasible by utilizing para-professional personnel to extend the capabilities of the professionals, but even so, exclusive reliance on a one-to-one strategy is unlikely to be a satisfactory approach, considering the scope of the problem.

If, however, the problem of the rural disadvantaged is conceived to be not only a result of individual inadequacies but also a product of inadequacies in the social and economic system, different strategies become possible and useful. Efforts to assist the disadvantaged could, for example, center on the initiation of changes in the social and economic environment which would create new opportunities for personal growth and economic self-sufficiency for the disadvantaged.

Large numbers of the disadvantaged could be expected to take advantage of such opportunities without having to first receive individual professional encouragement. Such a strategy would require working intensively with agencies, institutions, general community leaders, and others. If successful, the impact of the professional Extension educator's efforts would, however, be multiplied many times over and more of the disadvantaged might benefit than if the educators worked directly with the disadvantaged themselves.

We are not suggesting that any particular way of conceptualizing the problem of rural poverty can be proven to be more valid than another, but rather that the way the problem is conceptualized will dictate the methods which are used to attempt to solve it. This is an important point because certain methods may be more realistic and efficient than others.

It is likely that rural poverty is a complexly determined problem which will yield only to a combination of different approaches. In the long run, university Extension programs will probably contribute to several of these. The contribution of Extension will be maximized, however, to the extent that its program approaches are chosen carefully through matching its resources and capabilities against the

potential benefits of a variety of equally valid program strategies which might be pursued.

An outgrowth of the foregoing reasoning about program strategies is to suggest that whatever strategy the West Virginia project might have chosen, it would likely have been of assistance to the people of the test communities if pursued vigorously and effectively. Any mention of project strategy would thus be incomplete without pointing out once again that a major difficulty with the project was a lack of vigorous follow-through on the programs which were established. As a consequence, the potential value of the strategy pursued was never fully developed, with the result that it is difficult to objectively evaluate the adequacy of the strategy itself.

Some Alternative Program Emphases

If one accepts the contention that the pilot project failed to stress sufficiently attempts to change the structure of opportunities in the social and economic system which encapsulated the test communities, then it is fair to ask what else might have been done to influence the system. One suggestion which has already been made is that the project staff might have engaged in more intensive efforts to develop working relationships with agencies and institutions which could have helped to create increased opportunity. Another more specific but related suggestion was that ways of linking the project to programs of job training or sources of assistance in finding jobs and moving to new job locations might have been tried. These and other alternative program emphases will be explored in the discussion to follow.

Turning first to the possibility of working with or through other agencies whose programs touched upon the life chances of the residents of the communities, it is apparent that with only a moderate increase in staff resources and training the project might have been able to link its efforts with such programs in a way which would have multiplied benefits to the residents.

Furthermore, to generalize beyond the experience of the pilot project, efforts of Extension to assist the rural disadvantaged generally might be strengthened by program approaches which emphasize such linkages. Considering the complexity and severity of the problem of rural poverty, the impact of the efforts of Extension alone is unlikely to effect more than a partial solution. Extension does, however, have unique capabilities and considerable potential for work with the rural poor, as the West Virginia project demonstrated. The strong, cooperative relationship which the project staff was apparently able to develop with the residents of the communities is a demonstration of those capabilities. However, the

relationship could have been capitalized upon more effectively if cooperative programs with other agencies had been developed simultaneously.

Work with other agencies could have taken at least two directions. One of these might have sought the development of cooperative or complementary program strategies which would have combined the strengths of agency and Extension resources. For example, ways to coordinate community organization and community development activities of the project with the Community Action Program of the Office of Economic Opportunity or with the programs of private agencies might have been explored more intensively.

The health program could possibly have been integrated with ongoing church or union-sponsored health and welfare projects, or with existing federal, state, or county public health programs. Ways might have been found to provide orientation and referral of community residents to various job training programs such as Job Corps, Neighborhood Youth Corps, and the various component programs of the Manpower Development and Training Act.

Although the staff of the project did make some efforts of the latter type, opportunities which apparently existed were not exploited fully. Programs of public and private assistance to low-income families for purposes of moving to new job locations could have been explored. Work with youth might have included substantial emphasis on occupational expectations and orientation to the world of work, and it could have forged channels for referral to employment programs. Programs of problem solving education for employers and union leaders, which Extension was already conducting, might, if linked to the Special Needs Project, have held the potential to create job opportunities.

The second direction that work with public and private agencies could have taken would have been to provide the agencies' personnel with the information, research back-up, organizational assistance, and training necessary to more effectively assist the disadvantaged. Such a direction would seem an appropriate role for Extension, exclusive of project concerns. Although not all agencies or organizations would welcome such a relationship with Extension, some would; to the extent that Extension succeeded in such a role, opportunities would be improved for enhancement of the social and economic welfare of the disadvantaged.

Among organizations with which Extension might develop such relationships would be public and private welfare agencies, employment security offices, community action agencies, organizations of low-income people, employer organizations, trade unions, school systems, and health agencies.

Educational programs for the general public on issues which relate to the existence of rural poverty might also improve the

climate for enhancing opportunities for the poor, as would work with state and local government decision-makers who possess the responsibility for initiating and supporting public programs to assist the poor.

Even though such Extension programs might not make more resources available to combat problems of the disadvantaged, to the extent that they complemented other approaches and facilitated a more efficient and coordinated use of presently available resources, they would tend to increase the responsiveness of the social and economic system to the needs of the disadvantaged.

For Extension to successfully work with other agencies in the directions briefly outlined would seem to require a new type of Extension specialist and new types of campus-based research back-up for Extension. The West Virginia project itself is a case in point. To have taken the directions outlined here, the project would have required an additional staff member with access to campus-based departments and researchers, and with the position and mobility necessary to explore with agency administrators the development of programs on an area or state-wide basis.

Such a specialist would not have spent much time working with the residents of the communities themselves, but rather would have been the link between the staff working in the communities and the resources of other agencies. The aim would have been to build upon the efforts of the local staff and coordinate them with those of other agencies through the development of new working relationships between the project and agency programs. Such a specialist might, of course, also have initiated the development of programs which would have supported the effective work of other agencies irrespective of specific ties to the project.

The latter role would have been in line with the second direction outlined above. An additional benefit would have been the creation of a more efficient channel of information between the project staff and those on the campus who might have both profited from the experience of the project as well as contributed to its effectiveness.

An evaluation or action research capability would also facilitate the effectiveness of Extension in alleviating the problems of the rural disadvantaged. It would have been of great value in the West Virginia project to have been able to systematically collect data on progress toward project goals, evaluate such information, adjust project plans and programs accordingly, and repeat such cycles of evaluation and program modification until goals were reached. Not only would the effectiveness of work in the communities themselves have been improved, but information could have been generated which would have helped interpret the project to other agencies and guide the development of cooperative relationships with them.

Moreover, such a research capability would have permitted the evaluation of relationships which might have developed and would have been a problem-solving educational tool in its own right in that information generated could have helped cooperating agencies improve their own programs. Also, Extension could have assisted a variety of different agencies in developing more effective programs to help the disadvantaged to the extent that such a research program (either through action research or other types of applied research) could have provided new information concerning the rural disadvantaged and the problems they face. This would have been true whether or not such programs were tied to Extension's own programs. However, for maximum effect, the work of the program specialist described above would need to have been closely coordinated with the research program.

Finally, strategies for Extension work on problems of the disadvantaged might well consider emphasizing broader geographical subdivisions than those which were the focus of the pilot project. Organization of several communities with common problems could create the economies of scale or influence which might be necessary for problem solutions, and which might not otherwise be possible. For example, at least one of the project's staff felt that community development efforts might have been more effective if there had been an exchange of information or organizational ties between the citizens of the three test communities.

Housing is a specific problem which illustrates the importance of economies of scale. Housing contractors generally require a large number of potential buyers to commit themselves to publicly supported low or moderate income housing projects. In rural areas, sufficient numbers of such buyers can generally be found only if a large area is included for development. Providing other facilities and services in rural areas tends to confront problems comparable to that of providing housing.

It can therefore be questioned whether the inclusion of several small communities under the same programming umbrella might not be a more appropriate approach to assistance for the disadvantaged than an emphasis on single communities. If program structures could link communities, encouraging long-term collaborative relationships between them, more significant progress toward social and economic development would seem possible.

In summary, Extension is apparently capable of playing a number of roles which might contribute to solution of the problem of rural poverty. In this respect, the roles and program strategies outlined in the present chapter should be considered, not as preferable alternatives to the methods of the West Virginia project, but as complements to them. The challenge to Extension is not to

discard proven competencies and program strategies but rather to incorporate new or modified programs in order to extend and maximize the effectiveness of its effort. The West Virginia project demonstrated that Extension can work successfully with the rural poor. Work of a similar nature is likely to constitute a vital basis even for programs of wider scope and more effective impact which Extension may develop in the future.

CHAPTER NINE
Some Guidelines For Future Programs

Introduction

A number of suggestions concerning the design and conduct of future extension programs for the rural disadvantaged can be derived from the findings of the present study. Some of these suggestions have already been noted explicitly, and others have been implied. In the discussion to follow, these suggestions will be presented in the form of recommendations for the design of future programs or as outlines of problems which administrators of future programs are likely to have to face. The discussion is intended to serve as a summary of some of the major points of this evaluation as well as a set of broad guidelines for future program planning.

In considering the following suggestions, the reader should keep in mind that the nature of the test communities, the characteristics of the disadvantaged residents of the communities and their problems, and the characteristics of the West Virginia University Extension Service are unlikely to be matched in other places or at another point in time. Generalizations should therefore be drawn with caution from the West Virginia project.

Project Design and Methods

The experience of the West Virginia project demonstrates that it is vital that programs be guided by a carefully developed and well-articulated overall design. Such a design should be based upon a rational strategy for accomplishing the fundamental goals of a project and should serve to integrate any existing separate project phases into one coherent project thrust. Furthermore, it is vital that such a design be developed even when projects are meant to be exploratory or experimental and flexible programming is required.

A well-constructed project design should facilitate goal achievement without constraining experimentation with methods and programs. It is important, in fact, that exploration be guided by a well-defined strategy rather than be permitted to occur without sufficient plan.

Exploration without plan is more likely to lead to random or discrete bits of knowledge and is less likely to further progress toward the goals of improved or new programs. In this respect it would seem well to consider incorporating in future exploratory projects well-planned experimental tests of program models or

strategies. Such tests could be designed to include appropriate experimental controls. The result would be more verifiable conclusions concerning the relative desirability of alternative program approaches.

Extension programs for the disadvantaged which are not experimental or exploratory, but rather primarily action oriented, need also to be guided by well-defined goals and should have carefully spelled out methodological strategies for achieving them. Several methodological issues illustrated by the West Virginia project seem important to consider in designing action programs.

For example, ample time needs to be allowed to develop rapport with would-be participants in such a program. Gaining the trust of low-income people and their cooperation and participation in Extension programs is likely to be more difficult than the development of working relationships with farm or middle-income groups. Furthermore, since the concerns and values of low-income people may vary from those of people in the mainstream of society, programs will need to be skillfully designed in ways which appeal to such concerns if their participation is to be sustained once it is obtained.

To achieve maximum participation, program planners need to understand and take full account of the attitudes, concerns, and environmental circumstances of the low-income groups for which programs are intended. Programs that attract sustained participation over extended periods of time are likely to be those that provide tangible benefits otherwise unobtainable to the disadvantaged. Programs that stress abstract or remote goals seem less likely to succeed.

Moreover, once sustained participation is obtained, it is important that participants be provided the skills and resources necessary to continue programs without professional staff assistance. Programs which are permitted to collapse when professional guidance is withdrawn may be detrimental to their intended purposes.

The social structure of the community or the locale in which a program is to be attempted is another important consideration. Divisions in a community along political, religious, racial, ethnic, or socio-economic lines must be understood and taken into account in program planning, as experience in Campville and Eastridge demonstrated. If programs are to have broad participation they will need to be kept free of identifications which alienate groups the programs could potentially reach. In essence, the social and economic context in which programs must exist is as important to consider in program design as the characteristics of the potential program participants.

To be of greater assistance to the disadvantaged, the results of the West Virginia project indicate also that Extension programs will need to pursue changes in the structure of available social and economic opportunities. Such programs might include strategies to effect changes in:

(1) attitudes toward the disadvantaged prevalent among the general public;

(2) attitudes toward the disadvantaged held by professionals in agencies which could assist them;

(3) attitudes of potential employers toward hiring the previously unemployed;

(4) the base of information upon which programs are planned and decisions made that affect the lives of the disadvantaged;

(5) availability of health, education, and welfare services for the disadvantaged;

(6) the extent to which separate agencies integrate their programs to achieve the maximum possible impact on the welfare of the disadvantaged;

(7) availability of jobs and job training for the disadvantaged.

The results of the project suggest as well that publicity concerning programs of work with the disadvantaged should be prepared carefully, with full awareness of both the ethical and practical implications of offending the sensibilities of those the programs would assist.

Research and evaluation components of programs for the disadvantaged should be planned and conducted with the same awareness. Programs, whether new or pilot efforts, should, however, include a strong evaluation or action research component if at all possible. If done well, evaluation will further achievement of program goals by providing measures of progress and the information necessary to correct the design of program processes and methodologies which may be failing to achieve their purposes. Evaluation can be integrated with program action without becoming a primary focus or being permitted to infringe upon the effectiveness of programs.

Project Staff and Resources

Extension programming for the disadvantaged is likely to require considerable modification of the traditional roles, responsibilities, and orientations of Extension educators. In effect, such modifications of role constitute a type of organizational change dependent upon the adaptability and willingness to change of staff members themselves. Problems encountered in the West Virginia project would indicate that this type of change may be eased in several ways.

If at all possible, careful selection of staff members with particular attention to motivation, interest, and personality for work with the disadvantaged should be stressed. If selection is not possible, attention should be given to assignment of staff responsibilities based in part on the traits and capabilities of present staff. Another possibility is that new staff, who may be less constrained by commitments made to traditional roles than staff members with many years in Extension, may be assigned to new programs.

In addition to selection, it would be helpful to involve in the design of programs the staff members who will be responsible for conducting them. Training of staff should be integrated with such involvement and designed in response to needs for new skills and information as determined by consultation with the staff as they acquire experience with their new roles.

Moreover, potential role conflict could be minimized by helping staff members with both old and new responsibilities to better manage conflicting demands on their time. Integration of program evaluation with staff training and program planning can provide the information and motivation necessary to help a program staff which is actively involved in such processes to manage role conflict and chart new directions in fulfilling program responsibilities.

Finally, an Extension organization needs to determine whether available resources and organizational structures are adequate to accomplish the goals of planned programs of work with the rural disadvantaged. It is vital that there be sufficient resources to fully carry out programs for assisting the disadvantaged, once they are begun. To do otherwise runs the risk of adding further to the disillusionment of a group of people already lacking in hope.

If goals of programs for the disadvantaged are not matched carefully to the resources an organization is able and willing to spend in their pursuit, it may be necessary, as the need arises, to shift resources from other programs or commitments. However, the fulfillment of commitments in this manner can have negative consequences for other Extension programs from which resources may need to be taken.

In conclusion, the needs of the rural disadvantaged are great, and the West Virginia pilot project has demonstrated that Extension has the potential to be a significant force in helping to fill them. To reach its potential will require that Extension demonstrate will, creativity, and careful, persistent program development and administration.

APPENDIX A
COMMUNITY INTERVIEW SCHEDULE USED PRIOR TO THE BEGINNING OF PROJECT ACTIVITY

APPENDIX A

CONFIDENTIAL

West Virginia Experimental Extension Project Questionnaire

The Cooperative Extension Service of West Virginia University is expanding its program to be of greater assistance to the people of West Virginia. Your Community is one which has been selected to be worked in on an intensive basis. So that we can be of maximum service to you we need to know more about your community and the families in it.

(1) Family name _____

Address _____

Community _____

(2) How long has your immediate family lived in this community? _____Yrs.

(3) Would you please tell me the name of each of the members of this household? (What is the age of each, relationship to head of household, last grade completed, and whether in school or not.)

(4) Do any members of your family have a disability? (mental or physical) No? _____ Yes? _____
Name _____ Nature of Disability _____

(5) What is the occupation (job) of each of the adults in this household? (Age 16 and over)
Name of Adult _____

Occupation _____

Year when last worked at this job? _____

What other work can you (they) do? _____

What was your (their) last job? (Present)

When was it? _____

How many weeks did you work last year? _____

(6) How many members of your family have a driver's license? _____ (number)

(7) How many cars and trucks do you have in running condition? _____cars (no.) _____trucks (no.)

(8) Do you read a newspaper or magazine regularly? _____No _____Yes Which ones _____

(9) Do you have any of the following in working order? (check where applicable)

_____Radio _____Television _____Refrigerator (electric or gas) _____Ice Box _____Freezer (separate) _____Electric Iron _____Sewing Machine _____Egg Beater or Mixer _____Washing Machine _____Dryer (clothes) _____Kitchen Cooking Stove (_____Coal _____Oven _____Gas _____Electric _____Wood).

(10) How do you heat this house?

Fuel

_____Gas_____Oil_____Coal
_____Electric_____Other (specify)

Central Heating

Yes_____No_____

(11) Is your home owned by you?

Yes_____No_____
Rented_____Rent free?_____
How much rent do you pay per month? $_____

(12) How many rooms are in this house? (excluding the bathroom) _____

(13) Do you have running water in the house? No _____Yes_____
(is it: hot and cold_____cold only_____)

(14) Where do you usually get your water?

(a) Drinking Water?		(b) Water for other purposes?	
Source		*Source*	
____Spring	_____ft.	____Spring	_____ft.
____Drilled well	_____ft.	____Drilled well	_____ft.
____Dug well	_____ft.	____Dug well	_____ft.
____Cistern	_____ft.	____Cistern	_____ft.
____Haul in barrels	_____ft.	____Haul in barrels	_____ft.
____Other	_____ft.	____Other	_____ft.
(Specify) _____		(Specify)_____	

(15) Do you have an inside bathroom?

No_____
(Observe)
dug pit_____
open privy_____
other_____
Yes_____
Do you have a septic tank? yes_____no_____
Describe sewage disposal_____

(16) How do you get rid of your garbage?

_____

(17) In general would you say this community is a good place to live, about average, or not so good: (Check one)

Good_____ Not so good_____
Average_____ No opinion_____

(18) What things do you like about this community?

_____

(19) What things do you not like about this community?

_____

(20) The County Extension Service is planning to organize a kindergarten type of school for children of 3 to 6 years old in several communities on a test basis. This would probably meet two or three times a week at no charge to you. Would you be interested in having your children attend this school?

Yes_____No_____ No. children of preschool age_____

Comments_____

(21) Would you be willing to help us carry out this children's program? (Ask this even though there are no preschool children in the family).

Yes_____ No_____
Comments_____

(22) To what organizations including church does each of your family members belong?

Husband_____
Wife_____

Son(s)_____
Daughter(s)_____
Other
(specify)_____

(23) Who in this community do people talk to about community problems? (Community problems include but are not limited to roads, schools, church, etc.)

_____

(24) Where do you get your food? (Check where applicable)

Buy it _____
Raise it in the garden_____
Through the commodity program _____
Gifts from neighbors and friends _____
Other (specify) _____

(25) How much net family income do you get from each of the following? (Read list completely and then check respondent's answers)

_____ Wages and Salaries
_____ Social Security
_____ Pensions and other Retirement
_____ Royalties, Interest and Rent
_____ Aid to Dependent Children (ADC)
_____ Aid to the Blind (ATB)
_____ Old Age Assistance (OAA)
_____ Aid to Families with Dependent Children of the Unemployed (AFDCU)
_____ Relief (DPA)
_____ Home Industries (Specify)
_____ Business and Farm Profits

The following items are to be rated by each interviewer based on observation. These ratings should be made after leaving the residence. A scale of "1" through "5" is to be used in the rating. A "1" rating under this system represents a "poor" situation, i.e., house rundown, needing paint, porch in need of repair, etc. A "5" rating represents a "very good" condition, i.e., a house in good repair, painted, good roof, etc. Other conditions will fall between these extremes. The items rated in this community should be rated based on all similar items with which you are familiar. Do not use observations in the community alone as the standards for comparison.

CIRCLE THE APPLICABLE NUMBER:

1. Outside appearance and condition of the house.

   Poor Condition 1 2 3 4 5 Very Good Condition

   Comments:_____

2. Yard and surroundings adjacent to the house.

   Poor Appearance 1 2 3 4 5 Very Good Appearance

   Comments:_____

3. Interior appearance and condition of the house. (including cleanliness)

   Poor Appearance 1 2 3 4 5 Very Good Appearance

   Comments:_____

4. Interior house furnishings.

   Poor Condition 1 2 3 4 5 Very Good Condition

   Comments:_____

5. Cleanliness of the family members.

Poor	1	2	3	4	5	Very Good

Comments:_____

6. Clothing worn by the family.

Poor	1	2	3	4	5	Very Good Appearance

Comments:_____

APPENDIX B
COMMUNITY HOUSEHOLD INTERVIEW SCHEDULE USED FOR THE HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

W.V.U. Division of Preventive Medicine

Community _____

Household Name _____ No. From Map _____

Respondent's Name _____

Respondent's Age _____ Sex _____

Interviewer's Name _____ Date _____

11. Respondent's relationship to family?

___Mother	___Male Grandparent
___Father	___Female Grandparent
___Child over 15	___Other (specify) _____

12 & 13. Number of People in Household _____

14. Number of times this household has moved in last 2 years?

___1 time	___4 times
___2 times	___5 times
___3 times	___6 times
	___7 times or more

15. How many years has this household lived in this community?

___2 years or less	___11-15 years
___3-5 years	___16-20 years
___6-10 years	___More than 20 years

16. Paternal parents of head of household came from?

___West Virginia
___Outside state — list state _____
___Outside U.S.A. — list country _____

17. Maternal parents of head of household came from?

___West Virginia
___Outside state — list state _____
___Outside U.S.A. — list country _____

18. Religious preference of most of household?

____None	____Methodist-specify kind
____Catholic	____Presbyterian
____Jewish	____Other Christian
____Baptist-specify kind	____Other religion

Name and address of family doctor: _____

Name and address of family dentist: _____

19. How far away in miles is your physician's office?_____

20. How far away in miles is your dentist's office?_____

21. How far away in miles is your health department office?_____

22. Highest education level of most educated responsible adult in family?

____None	____7-9 grades
____3 grades or less	____10-12 grades
____4-6 grades	____More than 12 grades
	____Less than 19 years old

23. Source of drinking water for this house.

____city water	____spring
____drilled well	____cistern
____dug well	____neighbor
	____other

24. Toilet facilities for this house.

____city sewer	____privy
____septic tank	____none
____dug pit	____other

25. Number of rooms in house? (count kitchen, not bathroom)

____1	____4
____2	____5
____3	____6
	____7 or more

Code for 26-27:

(1) No outside financial help
(2) Welfare subsidy
(3) Private insurance (your own family policy)
(4) Group insurance (policy from work)
(5) Medicare

26. How do you pay for hospital bills? _____

27. How do you pay for doctor's bills? _____

28. Do you own or rent your home?
    ____rent
    ____own
    ____other

29. Income for household?

____$999 or less	____$3,000-$4,999
____$1,000-$1,999	____$5,000-$6,999
____$2,000-$2,999	____$7,000-$9,999
	____$10,000 or more

30. Has anyone in the household ever been serviced by vocational rehabilitation? _____

31. If yes, how many?

____1 person	____4 persons
____2 persons	____5 persons
____3 persons	____6 persons
	____7 persons or more

32. Would anyone in household desire service by vocational rehabilitation? _____

33. If yes, how many?

	____4 persons
____1 person	____5 persons
____2 persons	____6 persons
____3 persons	____7 persons or more

APPENDIX B
COMMUNITY INDIVIDUAL INTERVIEW SCHEDULE USED FOR THE HEALTH SURVEY

INDIVIDUAL QUESTIONNAIRE

W.V.U. Division of Preventive Medicine

Community _____

Household Name _____ No. From Map _____

Respondent's Name _____ _____

Respondent's Age _____ Sex _____

Interviewer's Name _____ Date _____

11. Sex
    - ____Male
    - ____Female

12. Age?
    - ____0-6 years
    - ____7-12 years
    - ____13-18 years
    - ____19-30 years
    - ____31-45 years
    - ____46-65 years
    - ____Over 65 years

13. Highest Education level?
    - ____19 years old or less
    - ____none
    - ____3 grades or less
    - ____4-6 grades
    - ____7-9 grades
    - ____10-12 grades
    - ____More than 12 grades

14. How many years have you lived in this community?
    - ____2 years or less
    - ____3-5 years
    - ____6-10 years
    - ____11-15 years
    - ____16-20 years
    - ____More than 20 years

15. Have you received service from a physician in the last year?_____

16. Have you received service from a dentist in the last year?_____

17. Have you been in a hospital over night in the last year?_____

18. Have you been in a health department clinic in the last year?_____

19. Has the county health nurse visited you at home in the last year?_____

20. Have you had medical attention from anyone else in the last year? (Specify)

____Chiropractor	____Podiatrist
____Osteopath	____Faith Healer
____Optometrist	____Other

21. Income for household? (Same as No. 29 in household)

____$999 or less	____$3,000-$4,999
____$1,000-$1,999	____$5,000-$6,999
____$2,000-$2,999	____$7,000-$9,999
	____$10,000 or more

22. Highest level of education of responsible adult in household? (Parent) (Same as No. 22 in household)

____none	____7-9 grades
____3 grades or less	____10-12 grades
____4-6 grades	____More than 12 grades
	____Less than 19 years old

23. How many years has household lived in this community? (Same as No. 15 in household)

____2 years or less	____11-15 years
____3-5 years	____16-20 years
____6-10 years	____More than 20 years

24. Number of rooms in this house? (Same as No. 25 in household)

____1	____4
____2	____5
____3	____6
	____7 or more

25 & 26. Number of people in household? (Same as No.'s 12 & 13 in household)_____

APPENDIX C
FAMILY PROFILE FORM USED AT THE TERMINATION OF THE PROJECT

_____PROFILE NUMBER

FAMILY PROFILE

Federal Extension Service Low Income Community Project

Writer (s) of this family profile: _____

Family surname: _____

At present, this family resides in:

Valley's End_____
Eastridge _____
Campville _____

GENERAL DIRECTIONS

Please answer each question as carefully as possible, following the points under the question and adding any other pertinent information which you think would be useful. In any case where it is necessary for you to give an approximation rather than a completely accurate response, please indicate it as such by writing "(approx.)" after your answer. Any information which cannot be fitted on the form should be continued on extra pages, indicating clearly the question number of the continued response. Please emphasize any changes in the families that have taken place since the beginning of the project.

FAMILY PROFILE

1. Size of the household
   a. Total number of people living in the household. (Circle answer)

      1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Over 20

2. General description of the family
   a. Name of each person in the household.
   b. Their sex. (Indicate by M or F.)
   c. What is . . . .'s age as of his (her) last birthday?
   d. What is . . . 's relationship to the head of the household? (Exception: In the case of children, list each of their relationships to the head of the household *and* to his wife).
   e. Is . . . still in school?
   f. What is the highest level of education (by grade) attained by . . . .? (Include the present level of children.)
   g. Indicate any additional education that . . . has had — for example, any short vocational course, basic reading courses, adult education, etc.
   h. Is . . . away from home at the present time?
   i. Did . . . work at all in 1968?
   j. What were his (her) weekly earnings after taxes? (Record weekly dollar amount).
   k. Did . . . contribute any earnings to family income?
   l. How much per week? Record weekly dollar amount. (If the amount is in any other time unit, indicate the unit, e.g. month, year.)
   m. For how many weeks did he (she) contribute money to the family income?

3. How many years has the family lived in their present community? (If the family left the community and has since returned to the *same* community, indicate the *total* number of years of residence.) Circle the appropriate answer.

   Less than 1 yr. 1 2 3 4 5 6 7 8 9 10 11-15 15-20 21 and over

4. Household income.
   a. Name of each person in the household who is employed or receiving income from other sources.
   b. What is . . . 's total income?
   c. What were the sources of . . . 's total income? (Indicate appropriate dollar figures.)
   (1) Wages and salaries
   (2) Pension and other retirement
   (3) Social security

(4) Unemployment compensation
(5) Relatives outside of the household
(6) Public welfare (please indicate type of public welfare payment by selecting the letter(s) which applies to welfare payments received by the family.)
  (a) Aid to Dependent Children (ADC)
  (b) Aid to the Blind (ATB)
  (c) Old Age Assistance (OAA)
  (d) Aid to Families with Dependent Children of the Unemployed (AFDCU)
  (e) General Assistance
(7) Other sources, listing each source by name, i.e. royalties, interest, rent home industries, farm profits.

5. Employment status of the members of the household
   a. List each adult member of the household (age 16 and over).
   b. Check whether he (she) is employed, unemployed, or not in the labor force.
   c. If he is *employed*, list the number of hours he works per week.
   d. If he is *unemployed*, list the reasons he is unemployed.
   e. If he is *not in the labor force*, indicate why not.
   f. Is this person qualified for a better job? If the answer is "no", write "no" in the proper box. If "yes", give the reasons why this person is not employed in a better job (e.g. inadequate social skills, etc.)

6. Where does each employed member of the household work?
   a. List each employed member of the household.
   b. Indicate the name of the company (ies) where this person is employed, if possible, or the type of industry.
   c. What does this company (ies) make or do?
   d. Number of hours worked per week.
   e. Is this person's work full-time, part-time, or seasonal?
   f. How many miles is it from his (her) home to the place of employment (one-way)?
   g. What does this person do on this job? (i.e. job title and description of duties)

7. How does the family obtain transportation?
   a. Is an automobile(s), truck(s), and/or motor cycle owned by members of the household?

      Yes_____If "yes", answer parts (1) through (5) of this section, then proceed to section b.

      No _____ If "no", proceed directly to section b.

(1) Is the vehicle(s) in operable condition?

Number of automobiles in operable condition_____
Number of trucks in operable condition_____
Number of motorcycles and motor scooters in operable condition_____

(2) Give approximate model year(s), if possible

Model year of automobile(s):
Model year of truck(s):
Age of motorcycle(s):

(3) Which family members are licensed to drive? (Please list names.)

(4) Is the automobile, truck, or motorcycle used for transportation to the place of employment?

Yes_____
No _____
If "yes", number of days per week_____

(5) Does the wife have use of the car or truck on weekdays?

Yes_____
No _____
If "yes", number of days per week_____

b. To what extent is public transportation used by this family?

BUS:	TAXI CAB:
Often _____	Often _____
Sometimes _____	Sometimes _____
Never _____	Never _____

c. Does the family obtain rides from neighbors for : (Write in "often", "sometimes," "never.")

Transportation to work_____
Shopping_____
Project meetings_____
Church_____
Visiting relatives_____
Other:_____

d. How far must children of the family walk to the school bus?_____

e. To what extent does the family walk in place of other means of transportation?_____

f. Did volunteers from various organizations assist in transporting any members of the family for educational classes, etc.? (Indicate organization(s) involved, members of the family who were transported, and where and for what purpose they were taken).

8. Health status of each of the family members
   a. Has the family increased its visits to
   (1) the doctor or clinic
   (2) the dentist for check-ups since the physicals and the home nursing classes?
      (1) Visits to the doctor and/or clinic have:
      Increased_____
      Remained about the same_____
      Decreased_____

      The purpose of the majority of visits:

      For a periodic check-up examination_____
      To obtain treatment for a known disease_____
      Other (Please specify)_____

      Has the wife been pregnant in the past five years?
      Yes_____ No_____

      If yes, has she obtained prenatal treatment during the pregnancy(ies)?
      Yes_____ No_____

      (2) Visits to the dentist have:
      Increased_____
      Remained the same_____
      Decreased_____

      The purpose of the visits was:

      For a periodic check-up examination_____
      To obtain treatment for a toothache_____
      Other (Please specify)_____

   b. Does there seem to be a greater awareness of general health principles on the part of the family at the present time than at the beginning of the project? Explain, using illustrations and specific case studies.
   c. Did the members of the family who were told they had a health problem after the physical examination visit their family doctor?
   d. Have family members made use of health agencies to a greater degree since the project began? Be specific - discuss which family members have made use of which agencies.

9. Housing condition for the family
   a. Describe present housing conditions in some detail. List any differences in the appearance and condition of the home of the family, both interior and exterior, between the time the project began and the present. Be sure to include the following, plus any other points of which you are aware:

(1) General appearance and cleanliness of interior and exterior of home and the yard and surroundings adjacent to the home (trash removal, weeds cut, etc.).

The following items are to be rated by each profile writer based on observation. A scale of "1" through "5" is to be used in the rating. A "1" rating under this system represents a "poor" situation, i.e., house run down, needing paint, porch in need of repair, etc. A "5" rating represents a "very good" condition, i.e., a house in good repair, painted, good roof, etc. Other conditions will fall between these extremes. The items rated for these communities should be rated based on all similar items with which you are familiar. Do not use observations in these communities alone as the standard for comparison.

Circle the applicable number:

(a) Outside appearance and condition of the house.

Poor Condition 1 2 3 4 5 Very good condition

Comments: _____

(b) Yard and surroundings adjacent to the house.

Poor appearance 1 2 3 4 5 Very good appearance

Comments: _____

(c) Interior appearance and condition of the house (including cleanliness).

Poor appearance 1 2 3 4 5 Very good appearance

Comments: _____

(d) Interior house furnishings.

Poor condition 1 2 3 4 5 Very good condition

Comments: _____

(2) Describe home improvements — new roof, insulation, new heating system, etc.

If the home has a new heating system since the project began, or if the family is living in a different home than it lived in at the beginning of the project, please check the *new* means of heating the home. (If the family is living

in the same house and has not acquired a new heating system, check the first response.)

No new heating system_____

Fuel	*Central Heating*
_____Gas	Yes_____
_____Oil	No_____
_____Coal	
_____Electric	
_____Other (please specify)	
_____	

(3) Describe home additions — new rooms added to the house:

(4) Describe bathroom facilities which have been added:

(5) If the family moved to a different home(s) in the community during the project period, is it in better or worse condition than the previous home? (Discuss in terms of (1) through (4)). If they have moved more than once, discuss only their present home. How long ago did they move to their present home?

b. Is the house owned by the family?

Yes _____ No _____

Rent free _____

Rented _____ Rent paid per month $ _____

10. Adequacy of the water supply for the family.

a. Describe (1) the *present* type of facility from which water is obtained (creek, well, etc.) and (2) where it is obtained (from the family's property or neighbors', distance from house, etc.).

(1) The present type of facility from which water is obtained:

(a) Drinking water source	(b) Source of water for other purposes
_____Spring	_____Spring
_____Drilled well	_____Drilled well
_____Dug well	_____Dug well
_____Cistern	_____Cistern
_____Haul in barrels	_____Haul in barrels
_____Creek	_____Creek
_____Other	_____Other
(Specify) _____	(Specify) _____

(2) Where does the family obtain its water?

(a) Drinking water:

_____Family property

_____Neighbors' property

Distance from the house_____ ____

(b) Water for other purposes:
_____Family property
_____Neighbors' property
Distance from the house_____

11. Adequacy of the sanitary system for the family.
    a. How does the family dispose of its garbage?
    b. Does the family have an inside bathroom?

No_____	Yes_____
Dug pit_____	Do they have a septic tank?
Open privy_____	Yes_____ No_____
Other (Please specify)	If "No", describe sewage disposal:
_____	_____

12. Relationships of the family to the project.
    a. Programs in which family members were involved and the extent of their involvement.

    (1) Across the top of the chart, fill in the names of each family member who was involved in any of the project activities. Under any activity in which a person was involved, indicate his (her) involvement by writing in the appropriate square the approximate percentage of meetings of that activity which he (she) attended.

Activities of the Project:

(1) Home visits
(2) Clean-up program
(3) Road work
(4) Men's workshops
(5) Toys - men
(6) Preschool
(7) Mothers working with preschool
(8) Women's interest groups
(9) Clothing (women) - sewing
(10) Home nursing
(11) Basic reading education
(12) Medical evaluation
(13) Medical follow-up
(14) Getting recreation area ready
(15) Summer recreation program
(16) Day camps
(17) Tours
(18) 4-H and Youth

(19) Planning (informal-men)
(20) Planning (formal-men)
(21) Community meetings
(22) Agency to People Program
(23) Gas
(24) Newspapers
(25) Attitudinal studies
(26) Library
(27) Movie (Valley's End)
(28) Neighbors who helped neighbors
(29) Other (please specify)

b. If a member of the family was not involved in *any* of the above programs, give reasons why not (i.e., illness, etc.). Be as specific as possible.

c. If a member of the family was not involved in some of the above programs in which he (she) *wanted* to be involved, please give reasons why not (i.e., lack of transportation, husband would not allow wife to attend, etc.).

d. Did the family's participation in the project fulfill the staff's expectations?

Yes_____ No_____

If "No", why not?

_____

e. What other agencies and services has the family utilized as a result of the project?

What benefits have been received by the family? Be as specific as possible.

f. What was the most significant impact of the project on the family, if any? Please explain in detail. If there was *no* significant impact, write "none".

APPENDIX D
COMMUNITY PROFILE FORM USED AT THE TERMINATION OF THE PROJECT

COMMUNITY PROFILES

GENERAL DIRECTIONS

Please answer each question as carefully as possible, following the directions under each question and adding any other pertinent information which you think would be useful.

In questions 2 through 11, indicate specific differences in the community between the time the project began and the present. For example, in question 2, if there were more buildings used as churches five years ago than at the present time, please so indicate. If, in community clean-up campaigns in the past five years, the citizens have eliminated the safety hazards in vacant buildings, indicate that there originally were such hazards present but that they now no longer exist. If churches are now more willing to allow their facilities to be used for nonchurch activities, describe their previous attitude in comparison with their present attitude. Through this community profile form, it is hoped that all changes in the communities during the past five years will be explored.

COMMUNITY PROFILE

1. Population of this community
   a. Number of families
   b. Number of people (if possible, please indicate the number of adults and the number of children 18 years of age and under)

2. Service facilities and buildings
   a. Number of churches and schools
      Please describe these buildings, indicating the adequacy of each facility and the nature of the services which they provide (i.e., meeting rooms, etc.)
   b. Vacant buildings
      Please describe, including whether the building is usable or could be made usable through repairs.
      Are any of these structures potential safety hazards?
   c. Distance to schools from the community if they are not located in the community
   d. Recreational facilities available in the community
   e. Description of the community center used for the project

3. Nearest shopping facilities
   a. Where are the nearest shopping facilities located in relation to the community?
      (1) How many miles must the families in this community travel to shop?
      (2) Are there any food stores located in the community? To what extent are they used by the residents of the community?
   b. What types of stores do the nearest shopping facilities include?

4. Transportation availability and cost
   a. How available is public transportation (bus, taxi)? What is the cost of this transportation?
   b. Do many families use "car pools" for transportation to work?
   c. How close to the community is the school bus stop? Has there been any change in the location of the bus stop since the beginning of the project?

5. Topography
   a. General description of area where the community is located. Include any unusual features which may influence the community (i.e., summer homes coming into the community, dead-end hollow, ridge community)

6. Extent of community feeling (description of community feeling both at beginning of project and at present)
   a. Was and is the community family-oriented to the extent of a lack of any community orientation?
   b. What organizations for children, youth, and adults are present in the community? How many residents participate in these present in the community?
   c. Is the community church-dominated? How many residents attend churches *in* the community?

7. Leadership trends and present patterns
   a. Have new leaders emerged as a result of the project?
   b. What, if any, is the feeling between the "old leaders" (pre-project) and emerging leadership?

8. Impact of the project on the physical features of the community
   a. Describe any improvements made on the physical features of the community (i.e., playgrounds, roads, etc.)

9. Migration trends
   a. List families who have moved from the community during the project period, describing:
      (1) When they left the community
      (2) Their reason for leaving
      (3) Their destination (Did they move to a similar type of community? A city?)
      (4) The ages of the head of the household and his wife
   b. Describe any general trend that you note — for example, are young families leaving the community?

10. Immigration trends
   a. List families who have moved to the community during the project period including:
      (1) The community from which they moved
      (2) The ages of the head of the household and his wife
      (3) Have any of the families who have moved to the community during the project period ever lived in the community before?

11. Assess the impact of the project on the total community
   a. What services did the community center provide for the family? Did the families make use of the services provided by the community center?
   b. What other agencies and organizations became involved in the community since the project began (i.e., cooperation with other agencies in the recreation program, utilities, State Road Commission, etc.)? What were the results of this involvement?
   c. Describe any group attitudinal changes that have taken place in the community since the beginning of the project. Be as specific as possible.

APPENDIX E
PROJECT STAFF INTERVIEW SCHEDULE

Interview with the FES Special Needs Project Staff

1. Please give a brief summation of what your role in the project has been.

   Did you have a specific title?
   When did you first become involved in the project?
   When did your involvement end?

2. What were the original goals of the FES Special Needs Project as you understood them?

3. Did these goals change over time? If so, how did they change? What specific influences led to these changes?

4. Do you believe that the communities selected were appropriate for this type of project? Why or why not?

5. Do you think that more or less than three communities should have been selected? Why?

6. Which of the three communities do you believe benefitted most from the project? Why (in what specific ways)? The least? Why?

7. Please give us your opinion as to what the three most important achievements of the project were.
   Please give us your opinion as to what the three greatest shortcomings of the project were.

8. Which one incident, event, or program was the most beneficial to the project? Please discuss.
   Which one incident, event, or program was the most harmful to the project? Please discuss.

9. What were the major problems encountered in the project

   a) In relation to the people in the communities?
   b) In relation to the project structure?
   c) How could these problems have been avoided?

10. What specific approaches used by the agents brought forth positive reactions from community residents? Why?

    What specific approaches used by the agents brought forth negative reactions? Why?

    What specific approaches that could have been tried were not tried?

    Why weren't these tried?

11. Are the people in the communities still carrying on any of the project activities? Which ones? Why do you think these projects are being continued rather than others?

12. According to early project documents, this project was originally planned to include three stages:

    Phase I: Involving people — family health camps, experience centers for preschoolers, male participation in community efforts.

    Phase II: Developing community organization and leadership functions.

    Phase III: Job creation, increasing family incomes, training and retraining of skills, and related factors. Apparently Phase III was never reached in this project as had been originally intended. Why?

13. Which age group benefitted most from the project? Why? The least? Why? If there was a difference in the benefits received by the various age groups, what could have been done to increase the benefits for the groups who benefitted least?

14. As a result of your involvement in the project, what, if any, changes occurred in your thinking and your outlook concerning the disadvantaged?

15. What traits did you find in the extension agents with whom you worked that made them (successful) (unsuccessful) in their relationships with the poor?

16. In your opinion, is it better to have one group of staff members involved in the project throughout the five years or, rather, to have rotating teams? Why?

17. What would have helped you to be more effective in your work with the project?

18. From your experience, what do you think would be the appropriate role for the University, if any, in working with the problem of poverty?

19. From your experience, what do you think would be the appropriate role for the Extension Services (Federal, State, County), if any, in working with the problem of poverty?

20. From your experience in working with the project, would you want to become involved in working with the disadvantaged in other programs?

21. From your experinece, what innovations would you suggest for the future in working with the disadvantaged?

22. Do you think that programs of this type had a lasting impact on the individuals and the communities involved? Why or why not?

APPENDIX F
ILLUSTRATIVE EXPERIENCE CENTER LESSONS FOR THE MOTHERS AND THE CHILDREN

SUGGESTED SCHEDULE

Daily suggested schedules are based on the "unit" concept. A unit is a series of learning experiences correlated around a central theme. The first 24 sessions make up the orientation unit. For the sake of simplification, the time the youngster spends in the "center" is divided into three main parts.

WORK-PLAY TIME

Some centers have found it works better to start the day with this. This is advised if the children do not all arrive at the same time. It avoids confusion. Children are free to play with toys and articles of their choice.

TOILET-HAND WASHING-GRACE-SNACK TIME

At the beginning, it will take about thirty minutes for these activities. As the children become more accustomed to their surroundings and procedure, it requires less time.

TOGETHER TIME AND GROUP ACTIVITIES

This is the time the children come together for group activities. Included during the period are stories, games, art, outside play, songs, music, conversation, discussions, etc.

The daily schedules are designated so these three sections fit together. Should you need to modify this plan, it is easily done. New activities introduced in TOGETHER TIME are used in the following WORK-PLAY session.

Schedule A

Work-Play Time (45 minutes)

Toilet-Hand Washing-Grace-Snack-Time
(30 minutes)

Together Time and Group Activities
(45 minutes)

Schedule B

Together Time and Group Activities
(45 minutes)

Toilet-Hand Washing-Grace-Snack Time
(30 minutes)

Work-Play Time (45 minutes)

This is a modification that is easily worked out and has proven quite successful.

During nice weather, some "play work" time can take place outside providing equipment is available. During the "together time," games are played outside, children are taken for walks and many other activities for the entire group can be held. These outlines for daily operations are based on a three-day week of two hours each.

LESSON 1 "New Friends"

Specific Objectives:

To realize that Miss Staff is a friend and will help them

To learn the name of Miss Staff and begin to learn the names of boys and girls

To have fun with friends

To understand that there is a time for free play and a time for doing things together

Schedule:

WORK-PLAY TIME (approximately 45 minutes)

A. Show the children where and how to hang coats. The mothers will help with this.

B. Name tags. — At first, each child has a name card which he wears on a cord around his neck. Children cannot read names. Use colored shapes pasted or drawn on a card which will be associated with names. Use the same shape and color with the child's individual coat hook. Name tags will be collected before children go home.

C. Work-Play Time — During this time, the children have the opportunity to play with *anything* that has been designated as work-play equipment. They are free to play with blocks, dolls, cars, etc. This is a pleasant time. During the orientation, it should be closely supervised. Some children like to play alone and this is fine. Others may enjoy playing together. This is fine, too.

An INTEREST CENTER is a designated area of the room where articles concerning a similar interest are kept. INTEREST CENTERS to be used the first day are the following:

Playhouse Center — dolls, dishes, stove, sink, refrigerator, broom, etc.

Block Center — assorted blocks (scrap lumber can be sanded), cars, animals, nested tin cans, etc.

Art Center — crayons and paper

Music Center — record player and records

Nature Center — leaves, rocks, etc. according to season, magnifying glass

Book Center — picture books, story books

Toy Center — miscellaneous toys, puzzles, spools or anything the children enjoy that is not included in the other centers

D. It's almost time ------ Say to the children, "It's almost time to put the toys away." It is always wise to warn the children of the change in activity. They can finish what they are doing and not be abruptly stopped.

Five minutes later, sing the song, "It's Time To Put The Toys Away".

It's time to put the toys away,
Safe for play another day.
It's time to put the toys away,
Safe for play another day.

E. Put Toys Away — The mothers will help do this, making a game of it if possible.

TOILET-HAND WASHING-SNACK TIME

F. Toilet (outside) — Take the children out two at a time, wait, and return with them to the building. The mothers need to be fully instructed that no child is permitted outside alone.

Toilet (inside) — If the toilet is located inside, mothers should supervise the children going in and out. The mothers will help the children wash their hands with soap and water and then hand a paper towel to the child. Be sure the children understand the towel is to be put in the trash can.

G. Hand Washing — (no running water — bad weather) Water can be transported in a plastic jug. Paper towels (1 for each child and adult plus a few extra) are placed in a shallow baking pan. Water is

poured over the towels. Fold the damp towels and put them in a plastic bag. As the children return from the toilet, each one washes his hands and throws the towel in a trash basket. The children and mothers *both* wash their hands. This is an excellent indirect teaching for mothers. Don't overlook the opportunity.

Hand Washing — (no running water and good weather)
The items needed are:
2 plastic quart bottles filled with water
paper towels
1 bar of soap

H. Grace — Thank you for the world so sweet.
Thank you for the food we eat;
Thank you for the birds that sing.
Thank you God for everything.

I. Snack — For the first few days, the snack can be visible, but not on the table while the Grace is sung. Later, children will be taught that we are all seated, served, and then we sing Grace before we taste the food. We advise this procedure because Grace is a new situation to most of these children. Also, the children should be encouraged to say "thank you". "Please" and "excuse me" will be taught after the lessons on "Magic Words" as the meanings of these words are not understood. Early in the orientation period, the children should be introduced to the art of meal time conversation. This is to help discourage "gulping down" food, an everyday occurrence with the majority of the children. Mothers will serve at first, and later the boys and girls can be taught to assist with serving.

Snack foods — Any suitable nutritious beverage, crackers, bread and butter, or cookies may be served. Here is a good simple recipe for instant cocoa:

2 cups dried milk
½ cup cocoa
3/4 cup sugar
pinch of salt
½ gal. water

Sift dry ingredients. Make paste with small amount of water. Add rest of water and heat.

The cocoa can be made at home and transported to the center in jars, thermos or other containers. By the time it arrives, it may be cold but can be used as chocolate milk.

Other Snack Suggestions:

Chunks of cheese
Slices of apples, oranges, bananas, and other fruits
Carrot and celery sticks, cabbage
Crackers and cheese or peanut butter
Raisins
Orange juice
Cookies

TOGETHER TIME AND GROUP ACTIVITIES (approximately 45 minutes)

The children bring stools or chairs to the circle formation. Miss Staff completes the circle by sitting on a low chair. The children love sitting on the floor, providing it is warm enough.

1. "Finger Play — Open Shut Them" This will quiet the group and get the attention of everyone.

Open, shut them. Open shut them.
(open and shut hands)
Give a little clap, clap, clap.
Open, shut them; open, shut them.
Lay them in your lap, lap, lap.

2. Conversation — Miss Staff tells the children how happy she is that they have come to the center. She also tells them her name and that they are her friends; she is their friend, and that we are going to have fun together.

Song — "Friends"

Friends, friends, friends.
I have some friends, and they love me.
I help my friends and they help me.
Friends, friends, friends.
I have some friends I love.

3. Quiet Game — "Throw the Bean Bag." The children sit in a circle. Miss Staff throws a bean bag to each child saying, "I'll throw the bean bag to Mary." Mary, in turn, throws it back to Miss Staff. Every once in a while, ask the child to say your name.

4. Conversation — You may use dramatization between teacher and different children on 'nice ways we talk to our friends.' For example, "You are my friend; I like you."

"I'll help you because you are my friend."

Sing "Friends" once more. The children will gradually learn the songs because they are repeated many times.

5. Let's Look Around — Make a train or line of boys and girls, by using a knotted rope to keep the children coming. Then, walk to different places in the room, stopping at interest centers to say a

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word or two. Try to get the point over that different toys, etc. are kept in a special place. Danger spots might be brought to their attention during the walk around.

6. Art — The children go to the tables and are given a drawing which represents together or quiet-time. In this drawing, small squares represent stools for the children with one larger one for Miss Staff. We are trying to impress upon the children that there is a time we all come together and are quiet. The children may color the stools. Some of the children may like to draw boys and girls sitting on the stools.

Materials Needed:

Interest center equipment — dolls, dishes, blocks, etc.

Name tags with colored shapes (triangle, square, circle)
Knotted rope
Manilla paper with squares drawn on
Crayons
Bean bag

Additional Suggestion — Lesson 1

Ask the county board of education for a copy of the book the first grade teacher uses to start teaching the children to write. The mothers can pick out the letters and write the names on the cards. This is a good way to find out who reads and writes.

WEST VIRGINIA UNIVERSITY EXPERIENCE CENTER

MOTHERS' ACTIVITIES
FOR LESSONS 1, 2 AND 3

Mothers are welcomed and encouraged to observe Miss Staff and the children.

Mothers:

1. Help the children take off their coats and boots.

2. Help the children hang their coats in the proper place. Through providing racks and coat hangers at the center for outdoor clothing, we can set an example. The hooks should be placed low to teach the children to care for their own belongings. Drawing attention to this may be the starting place to suggest to the women that storage of this type can be used at home. The objective is to teach that possessions need to be stored in an orderly manner to give order to the center, to make cleaning possible and to give proper care to possessions. Show the children where and how to hang their coats — the mothers help with this.

3. Make name tags — At first each child has a name card which he wears on a cord around his neck. The children cannot read their names. Use colored shapes pasted or drawn on the card which will be associated with names. Use the same shape and color with the child's individual coat hook. Name tags will be collected before the children go home.

4. Help with tiolet time — Toilet (outside) Take the children out two at a time, wait and return with them to the building. Mothers need to be fully instructed that no child is permitted outside alone.

Toilet (inside) If the toilet is located inside, the mothers should supervise the children going in and out. Mothers will help the children wash hands with soap and water and then hand a paper towel to the child. Be sure the children understand that the towel is to be put in the trash can.

5. Assist with hand washing (no running water — bad weather) Water can be transported in a plastic jug. Paper towels (1 for each child and adult plus a few extra) are place in a shallow baking pan. Water is poured in a plastic bag. As the children return from the

toilet, each one washes his hands and throws the towel in a trash basket. Children and mothers wash their hands. This is an excellent indirect teaching for mothers. Don't overlook the opportunity.

Hand washing (no running water and good weather) Items needed are:

2 plastic quart bottles filled with water
1 bar of soap
paper towels
waste can or trash box

When the weather is suitable, hand washing can be done outside. After the children have all been to the toilet, have them form a line. One mother will pour a little water on each child's hands; and another will pass the soap from child to child. A third mother will pour rinse water over the soapy hands and a fourth mother will hand each child a paper towel. After hands are all dried, everyone has a turn throwing the used towel into the trash. Children and mothers both wash hands.

6. Assist in serving the snack — For the first few days the snack can be visible, but not on the table while the Grace is sung. Later, the children will be taught that we are all seated, served, and then we sing Grace before we taste the food. (We advise this procedure because Grace is a new situation to most of these children). Also, the children should be encouraged to say *thank you*. *Please* and *excuse me* will be taught after the lessons on "Magic Words" as the meanings of these words are not understood. Early in the orientation period, the children should be introduced to the art of meal time conversation. This is to help discourage "gulping down food," an everyday occurrence with most children. Mothers will serve at first, and later the boys and girls can be taught to assist with serving.

Wash hands, count napkins, cups, pour beverage, etc.

7. Clean up following snack — In some cases, this means going to the well for water, boiling water for 10 minutes to kill germs, burning trash, heating water to wash any dirty dishes if facilities are available, sweeping every day and mopping when necessary using a wet mop and soap.

8. Start a picture file — The first pictures to be used are pictures of children playing. These can be cut from magazines previously collected by the agent. Any pictures the mothers enjoy can be included in this file — nature, children, cars, etc.

LESSON 4 *"When Is It My Turn?"*

Specific Objectives:

To learn how to work and play with others
To learn that we always take turns playing with the special toys
To realize how happy we make our friends when we take turns

Schedule:

WORK-PLAY TIME

A. Same as lesson one — Hang coats
B. Same as lesson one — Name tags for new children only
C. Same as lesson one — Continue play dough as a part of work-play time
D. Same as lesson one — Almost time to put the toys away
E. Same as lesson one — It's time to put the toys away

TOILET-HAND WASHING-SNACK TIME

F. Toilet (same as lesson one)
G. Hand washing (same as lesson one)
H. Grace (same as lesson one)
I. Snack same as lesson one)

TOGETHER TIME AND GROUP ACTIVITIES

1. Song — "Friends" (lesson 1)

2. Roll Call — Example: Miss Staff: "Where is Bob?" Bob says, "Here I am."

3. Conversation — about children taking turns with new toys which will be introduced today. Dramatize taking turns with one of the new toys.

Questions: How do you feel if someone wants to play with certain toys all the time? Mention that sometimes we might have to wait for a person to finish his turn.

4. Song — "Taking Turns" — Used by permission of the Methodist Publishing House.

Taking turns in work and play,
Makes us happy every day.
Taking turns in work and play,
Makes us happy every day,
Every day.

5. Story — "Sally Takes a Turn"

Once upon a time I knew a girl named Sally. She was just like you. In fact, she might even have been your friend or neighbor. Sally loved to run and play. She liked to laugh and sing. In fact, she liked to do these things so well that sometimes she would be singing when she should be listening. Because she didn't keep her ears wide open, she missed a lot of things she should have heard. One day, Miss Staff talked about taking turns. That means that everyone has a turn and then sometimes you can take another turn after everyone in the whole room has finished. It's really fun to learn to take turns. Sally had her ears closed and missed what Miss Staff said. That day they were going to throw bean bags in a box and Miss Staff wanted everyone to play the very same game and to learn all about taking turns. Do you know what Sally did? She just ran up and grabbed all the bean bags and threw them in the boxes. What do you think Miss Staff did? She did not fuss or scold, but she asked Sally to listen and she repeated all the things she had said before. Sally had never heard of such a thing! Do you think she listened this time? She sure did! When Miss Staff finished, she asked Sally if she would like to take a turn like the other children.

One day a new boy came to the Center and grabbed the bean bags and would not take a turn. Do you know who helped him learn to take a turn? It was Sally. She was very kind to her new friend, but she told him that everyone had to take turns with toys, blocks, etc.

Sally still loves to run and play. She loves to sing and laugh. She also likes to take turns!

6. Game — "Throwing three bean bags in a box or waste basket." This will really demonstrate taking turns tor only one at a time.

Materials Needed:

A new toy (example: truck, doll, stuffed animal, puzzle, etc.)

Three bean bags and box

LESSON 7 "Magic Words"

Specific Objectives:

To use "Magic Words" — *thank you* and *please* at the proper times

To understand that manners mean that we do and say kind things in a kind way

To use our manners at home, at the Center, and at play every day

To understand that others are happy if we use good manners

Schedule:

WORK-PLAY TIME

A. Same as lesson one — Hang coats
B. Same as lesson one — Name tags for new children only
C. Introduce pictures which have been previously cut out and past as part of work-play art center
D. Same as lesson one — Almost time to put the toys away
E. Same as lesson one — It's time to put the toys away

TOILET-HAND WASHING-SNACK TIME

F. Same as lesson one — Toilet
G. Same as lesson one — Hand washing
H. Same as lesson one — Grace
I. Same as lesson one — Snack

TOGETHER TIME AND GROUP ACTIVITIES

1. Song

2. Conversation — Show pictures of children or family at table eating, conversation about pictures

Questions: Does this look like a happy family? Why? If someone gives the little girl another cookie what will she say? If the boy wants another glass of milk, what will he say?

"Good manners mean
that we do and say
the kindest thing
in the kindest way."

Where do we use good manners? How do our friends feel if we say "please" when we ask for something or "thank you" when someone gives us something?

3. Action Poem

4. **Roll Call** — As you call the names, pretend you are giving each child a toy. Each must answer with "Thank you, Miss Staff."

5. Story — "Magic Words"

"Give me that ball," shouted Jimmy. Bonnie told him that he was supposed to use an "inside" voice and not make so much noise. She did not give him the ball, either!! Do you think Jimmy should yell and make a lot of noise just because he wants to play with a special toy? No, of course not. Well, let me tell you more about Jimmy. He's just about your age and size. He comes almost every day to the center, but I guess he wasn't there the day Miss Staff told them about inside and outside voices and feet. He was such a nice boy that I'm sure he didn't really mean to yell at Bonnie. Jimmy likes to sing and color and play all the games they played at the center.

Miss Staff was in the room when she heard Jimmy shout for the toy. She was very surprised to hear Jimmy do such a thing. Do you think she fussed or scolded Jimmy? No, she didn't!!! She said, "Jimmy, I think if you ask for the ball with your inside voice and use a 'magic word', Bonnie might let you have it." Jimmy had never heard of "magic words", so he asked, "What are 'magic words'?" Miss Staff thought a minute, and then she smiled because she had forgotten to tell the boys and girls about magic words!! The children laughed and laughed because Miss Staff just never forgot anything. So, she told them that "magic words" are *please, thank you, excuse me*, and all the words we use to ask and talk with folks in a nice way. Miss Staff said she thought Bonnie might just let Jimmy play with the ball if he used the "magic word", *please*. Jimmy was ready to try it, for everyone likes magic. Sure enough Bonnie said, yes, he could have the big ball. You know Bonnie was glad to learn about the magic words, too. Every time anyone gave her something, she said *thank you*. All of the children say *please* if they want something someone else has.

A new girl came to the Center, and she grabbed a block from Jimmy. What do you think Jimmy did? He told her, "If you want me to give you something I have, use a 'magic word', and then I'll happily give it to you."

6. Play Act — Play act *thank you* and *please* in make believe situations between two children and use some of the special toys.

7. Songs

8. Art — Children at table — Each child is given a strip of paper approximately 4" by 12". This is divided into 4 sections by a darkly drawn line. Tell the children to put a flower or anything they like in each little box and then cut it off. Because there are not enough scissors — he may have to use his magic word please to get some. Of course he will remember thank you. More mature children will enjoy counting things they have drawn.

Materials Needed.

Picture of people at table eating.

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LESSON 13 "This Is the Way We . . . "

Specific Objectives:

To want to look clean and neat
To understand the healthy child enjoys being clean and neat
To provide opportunities for training in good health habits
To realize people like to look at us when we are clean and neat

Schedule:

WORK-PLAY TIME

A. Same as lesson one — Hang coats
B. Same as lesson one — Name tags for new children only
C. Same as lesson one — Work-play time
D. Same as lesson one — Almost time to put the toys away
E. Same as lesson one — It's time to put the toys away

TOILET-HAND WASHING-SNACK TIME

F. Same as lesson one
G. Same as lesson one
H. Same as lesson one
I. Same as lesson one

TOGETHER TIME AND GROUP ACTIVITIES

1. Poem — "Wiggles"

"I wiggle my fingers.
I wiggle my toes.
I wiggle my shoulders.
I wiggle my nose.
No more wiggles are left in me
So, I'll be quiet . . . as quiet as can be."

2. Song — "Good Morning"

3. Roll Call — Miss Staff: "Good morning, Bob!" Bob: "Good morning, Miss Staff."

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4. Conversation — Show pictures of clean neatly groomed children or point to pictures of them on the walls of the room. Discuss the pictures with the children.

Questions: Why do you think they look so happy? Are the children in the picture clean? Do you think they washed their faces this morning? Do you think they have a toothbrush?

5. Song — "Health Habits"

This is the way we wash our hands
This is the way we wash our hands
This is the way we wash our hands
The first thing in the morning.

This is the way we wash our face
This is the way we wash our face
This is the way we wash our face
The first thing in the morning.

This is the way we brush our teeth
This is the way we brush our teeth
This is the way we brush our teeth
The first thing in the morning.

This is the way we comb our hair
This is the way we comb our hair
This is the way we comb our hair
The first thing in the morning.

(Have children pantomime the activity suggested by words.)

6. Conversation — Ask "Do we feel better now?" "Are we happier boys and girls?" "Say! You look so nice now with your clean faces and hands and your hair combed neatly."

7. Look and See — Walk around room to see new pictures (health). Miss Staff will comment about different pictures.

8. Conversation — Point out to children the articles on "cleanliness" chart that you have made and talk a little with the children about why we should use those things each day. (Chart should have printed at top USE DAILY.) At top, fasten with transparent tape: red toothbrush and tube of tooth paste, baking soda, etc. Beside them place colorful washcloth and small bar of

soap. Below these, fasten pocket comb and small hairbrush. Seeing these have a decided effect on children who might otherwise forget. Each child should have his own comb and toothbrush.

9. Action Poem

10. Conversation— If possible give pocket combs to children with their names printed on them in some way. Tell them it is their special comb, just for them to use. Have children comb their hair as they sing verse to "Health Habits" song.

11. Walk — If weather is pleasant, take a walk because they look so nice after combing hair. Creative drawing of some of the items they have seen today if weather is not suitable for walk.

Materials:

Red toothbrush
Poster paper — at the top print USE US DAILY!
Scotch tape
Washcloth
Toothpaste
Soap
Comb (child-size)
Brush (child-size)
Combs for each child with name on the comb
Paper and crayons for drawing

APPENDIX G
ILLUSTRATIVE HEALTH "TALKABOUTS" USED BY INSTRUCTORS

handwashing

Is handwashing important?
How often do you wash your hands?
Where do you wash your hands?
When do you wash your hands?
How much water does it take to wash your hands?
Do you use soap?
Is soap necessary?
Where do you get water?
Where do you throw dirty water after using it?
What part of the hands collects germs?
Why is handwashing stressed in Home Nursing Class?
Do your children know how to wash their hands properly?
Why do children need to learn this?
Where do you keep water carried from pump or well?
What do you carry your water in?
How do you clean your bucket?
How often do you clean your bucket?
Is drying hands after washing necessary?

Handwashing will help prevent many diseases and will result in:

Less work for mother if children are well.
Less absence from school for child.
A happier family.

stress:

Wash hands before eating, cooking and after using the toilet. Germs enter mouth on unclean hands and cause sickness.

Bowel movement contains bacteria and viruses. (worms or worm eggs). If it gets on hands, hands get in mouth or on food, germs will be swallowed and cause sickness.

demonstrate handwashing

EQUIPMENT:

Soap	Plastic jar
Water	Paper bag
Bucket	Paper towels

remember:

soap and water kill germs!

colds and fever

What causes a cold?
How do you know when you have a cold?
Do children all act the same when they have a cold?
How can you prevent catching colds?
Can colds be dangerous? Why?
What do you do when your child catches a cold?
What is a fever?
How do you recognize a fever?
What do you do for a fever?
Should a physician be called for a fever?
What can you do until you reach him?
Do you ever use cold packs for a fever?
Where do you apply them?
What do you use to apply them?
How long do you leave them on?
How do you apply hot packs?
How long do you leave them on?

demonstrate:

Applying hot and cold compresses.

equipment:

Flannel or absorbent cloth.
Wax paper or plastic bag, Mason Jar.
Water in clean pan.
Towel or cloth to protect plastic bag.

stress:

Cover coughs and sneezes.

Remember handkerchiefs and tissues are loaded with bad germs. Best to use tissues and burn them.

Colds are spread by someone breathing and coughing on another. Therefore, keep sick persons from breathing and coughing on others. If mother has the cold, watch out for breathing and coughing on food being prepared.

See a doctor when child runs a fever and acts strangely, such as "talking out of head," or has trouble breathing and coughs.

does the class understand that:

Plenty of liquids to drink are important for a child or adult who has a cold?

Patent medicines do not "cure" a cold and may hide other health problems?

Some common childhood diseases such as measles, mumps, etc., may begin with cold symptoms?

distribute:

Take-home article-toy for child with cold.

Clothes for dolls.

Trains from cardboard boxes.

dental health

Is toothbrushing important?
Do you all brush your teeth?
How often do you brush your teeth?
Why should you brush your teeth?
When should your teeth be brushed?
How do you brush your teeth?
What is the right way to brush your teeth?
What can you do when it is not possible to brush your teeth?
Do you go to the dentist?
Why is it important to go to the dentist?
Should young children with their first teeth go to the dentist?
How might you help yourselves and your children to have better teeth?
Is toothpaste really necessary?

demonstrate:

Proper way to brush teeth.

equipment:

Toothbrushes
Toothpaste or equal parts of salt and soda.
Cup
Water
Waste Can

stress:

After eating it is important to brush teeth to remove food particles.

Food left in contact with teeth will cause holes (cavities) in the teeth and cause them to hurt.

Diseases of the gums may occur when teeth are not brushed.

Neglected teeth ruin both health and appearance.

Teeth are brushed down on the uppers, up on the lowers and across on chewing surfaces.

Vigorous rinsing of the mouth with water may be of some benefit when tooth brushing is impossible.

Regular dental appointments will prevent needless loss of of a tooth and discomfort.

Toothpaste is not really necessary. It's the brushing that's important.

understanding today's lesson

Do members of your class know

That good dental care is necessary for both good health and appearance?

Teeth are brushed the way they grow.

- Uppers brushed down.
- Lowers brushed up.
- Tops brushed across.

A child needs dental care for his primary teeth to:

- Help chew food.
- Help permanent teeth grow in straight.
- Help him speak clearly.
- Help the face keep its shape.

Decay of teeth may be prevented by:

- Brushing thoroughly.
- Sensible meals — avoiding excessive sweets.
- Early and regular dental care.
- Fluoride.

first aid kit suggestions

Cake of soap.

Three clean wash cloths (or substitute) kept in plastic bag.

Sterile water — boil 10 minutes and store in previously boiled container and seal.

Assorted adhesive dressings (Bandaids) to cover small cuts and abrasions.

Box of tissues, unopened.

Sterile gauze dressings — 4" x 4" or 3" x 3", individually wrapped.

Roll of gauze — 2" wide.

Tube of vaseline to use for any wound that would stick to dry bandage or for any small burn. Label.

Adhesive or transparent tape to hold dressings in place.

Elastic bandage 3" wide, if available or cut sheeting on the bias 3" - 4" wide and roll for storage.

Helpful in some homes: flashlight, eye dropper, tweezers, thermometer.

Assemble all in shoebox.

Decorate attractively — label.

Discuss where to keep it at home.

health care facilities

What would you do if someone in your family became seriously ill?

Would you call a physician or the hospital?

Would you go directly to the physician's office or hospital?

How long does it take to get there?

How do you get there? (Maybe a simple map could be made.)

What kinds of problems need an ambulance rather than a regular car?

How do you call an ambulance? What will it cost?

Who in your neighborhood has a phone to call for help? A car? A station wagon?

Will this person who has the phone allow you to post his name and number at the community house?

What is a fair price to pay the car owner for driving you to the physician's office or hospital? Would the price of gas be fair?

Will there be a problem getting registered at the office or hospital?

Do you need to take some papers with you? (health insurance, welfare, Medicare card?)

What if you have no money to pay for care?

If you go to a big hospital, where do you park? What door do you go into? What do you say?

Who will care for the children at home if Mother or Dad have to leave for an emergency?

Do the children know where to go for help when they are left alone?

When is an emergency not an emergency?

Do you have a family physician? What are his office hours?

Do clinics or health departments have some services to help you? What days and hours?

Where is the nearest Poison Control Center, and what is the telephone number?

Can you set aside some budget money for health care?

Does pregnancy make special problems for all these questions?

How can you get regular dental care?

Are there any other groups (agencies) which have not been used but might be available?

Who is the public health nurse for this community? Her telephone number? Where is her office located?

How much will welfare help with your health problems?

What resource persons could tell the group about applying for medical care under a welfare program or under Medicare?

How do you sign up for Medicare?

If there is extra time, role-play making emergency calls, setting up routine appointments, and requesting referrals to agencies.

Take home a simple hand-made map showing routes to various medical facilities. Remember some people cannot read.

prenatal care

(Being with child)

What does it mean to be pregnant?

What common symptoms are noted that indicate pregnancy?

How can the baby's birth date be estimated?

Is it possible to fix an exact date of birth?

In how many months should the mother feel life?

Is it serious to have German measles in early pregnancy?

What is the cord and what is its purpose?

What is the bag of water and its purpose?

Are the breasts undergoing any change?

Is it normal to be easily upset and tired, feel a little frightened or uneasy?

What is natural childbirth?

Is bathing necessary during pregnancy?

Do you think it is important to have an early examination by the physician or by the clinic?

What would you expect the physician to do when you come in for your first examination?

What discomforts would be expected with your pregnancy?

What danger signals must be watched for during pregnancy?

Is a good diet needed and why?

What changes are taking place in the body to deliver the baby?

Explain **father's** position and responsibilities at this time

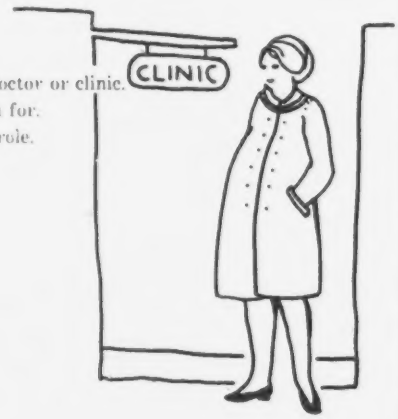
stress:

Body cleanliness.

Early examination by doctor or clinic.

Danger signals to watch for.

Importance of father's role.



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Take home a simple hand-made map showing routes to various medical facilities. Remember some people cannot read.

safe water

Can we be healthy at no cost? (Use poster on 11 ways to stay healthy.)

Where do you get water?

What type of container do you carry your water in?

How far is it to your water supply?

If you carry your water in a bucket, how do you lift and carry it?

How often should your pail be scrubbed and cleaned?

Should your stored water for drinking be covered?

Should everyone drink from the same dipper?

Should everyone drink from the same glass?

Should the well itself be covered and why?

Can we get diseases from bad water?

Is rain water any good?

Where should a correct well be?

How can we make our water safe to drink if we know it is bad water?

stress:

Meaning of words urine and bowel movement.

Loose bowel movements may come from drinking bad water.

Water that looks clean is not necessarily safe to drink.

Rain water contains very few bacteria. If container in which it is caught is clean — it is safe to drink.

A shallow dug well — dangerous — can be polluted with waste matter from a nearby privy or farm yard. Privy should be built lower down the hill than the water supply.

To purify water — boil for 10 minutes — water may taste flat — shake container to allow air in and normal taste will return.

demonstration and return demonstration

Proper technique for lifting and carrying a bucket of water.

waste disposal

(Privy) Latrine Care

How often should a latrine be cleaned? (If over a family of four, twice a week.)

After each use what should be done? (About ½ cup of lime — once a week.)

Where should the lime be kept? (High enough and away from the reach of children.)

What do we use in cleaning a latrine? (Use local term.) (Scrub brush, soap and water.)

Should the upper hole of the latrine be covered? (Yes)

How can you make a simple cover? (A piece of wood with pieces of rubber tire strips for hinges.)

Why do we cover a latrine hole with a lid? (To keep out flies.)

Should the hole be vented and how does this help? (Yes — odors can be prevented — screen vent to keep out flies.)

What other measures can be used to prevent flies inside the latrine? (Spray-pesticides.)

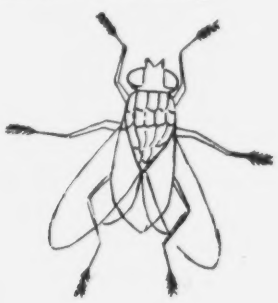
Where do we spray and should we spray the outside too? (About 3 sprays inside — around the base of latrine house outside — not on door handles or where children will come in contact with it.)

Should we be careful of sprays where children are concerned? (Yes — they are poisonous.)

How do flies carry germs? (In their saliva or on their feet.)

Pack dirt around the outside of privy base to plug openings.

NOTE: Privy must have a dug pit. Building privy over stream spoils all water in stream even if fast flowing.



worms

Where do worms come from?
How are worms spread?
How do you know if your child has worms?
What do you do for worms?
Do you use worm medicine?
Where do you get it?
Does everyone have some type of worm infection?
What are worm fits?
How do you keep children from getting worms?
What would you do if you thought your child had worms?
What happens if children with worms do not get rid of them?
Do you know of other children who have had worms?
How does handwashing help stop the spread of worms?

stress:

Wash hands before eating.
Wash hands after playing.
Wash hands after using outhouse or toilet.

NOTE: Very few human cases come from animal's worms. The spread is from human to human.

Symptoms of worms

Eyes are dull and heavy.
Skin muddy and pale.
Swelling and weakness.
Shortness of breath.
Anemia and low blood.
Worms or eggs in the stools or vomitus.

types of worms

Hookworms

Eggs in feces — deposited in soil — larvae hatch from eggs and enter skin — go into blood stream — heart and lungs — are coughed up and swallowed back into stomach and intestine. Stools may become blood-filled from worms attached to intestine.

Prevention

Wear shoes so larvae can't get at bare feet.

Use toilet.

Do not play around outhouse at all.

See physician for medicine. Home remedies will not work for hookworm.

Round and whip worms

Stool on soil — eggs or worms in stool — eggs get on hands — hands go into mouth — worms grow in intestines — enter circulation through stomach wall and go to lungs (hard to breathe and choking feeling) — coughed up and reswallowed — stay in intestines (sometimes stored in appendix).

Prevention

Clean hands after toilet and before eating.

If walk through feces, may carry eggs on shoes onto house floor — food or toys on floor — picked up and into mouth carrying eggs along with object. Do not eat food that has dropped on floor.

Use toilet facilities.

Physician's medicine needed to cure.

Pinworms

Eggs swallowed — eggs hatch in stomach or intestine and worms go to rectum — worms crawl out to anal area at night to lay eggs — child scratches anal area and gets eggs on fingers and under nails — puts fingers in mouth and swallows eggs. Hands on bedclothes, towels, toys, may leave eggs there for others to pick up.

Symptoms

Itching and irritation around anus.

Loss of sleep and appetite.

Vague stomach cramps.

Prevention

Proper handwashing before eating. Fingers out of mouth.

Clean fingernails.

Tight underpants at night prevent scratching and getting eggs on hands.

Treatment

Vaseline around anus every night for a month.

All members of family must do this whether symptoms or not.

Will interrupt cycle and no new worms can develop.

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